Five Hills
Health Region

Healthy People – Healthy Communities

Annual Report
2014-15

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Table of Contents

Letter of Transmittal 4

Introduction 5

RHA Overview 5

Alignment with Strategic Direction 19

Progress in 2014-2015 48

Management Report 58

Financial Overview 59

Audited Financial Statements 60

Payee List 95

Appendices 105

- Organizational Chart 105
- Community Advisory Network 106

The Five Hills Regional Health Authority Annual Report is located on the internet at:
www.fhhr.ca

June 12, 2015

Letter of Transmittal

Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan,

The Five Hills Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2014-2015 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2015.

The Health Region continues to remain focused on the Ministry of Health's vision and strategic priorities of Better Health, Better Care, Better Teams and Better Value. We are committed to providing quality, accessible health services for the people we serve. During the fiscal year the Region had many successes, including:

- Construction of a new Regional Hospital in Moose Jaw 90% complete as at March 31, 2015. The construction of the new hospital remains on budget and there is significant transition planning in preparation for the 2015 move;
- Positive financial results for 2014-15, with a small surplus;
- Continued Advancement of our Safety Culture for our employees and patients with a 4.6% increase in the reporting of patient safety alerts; a 4.8% increase in patient safety alerts categorized as Code 1 & 2 and a 7% decrease in patient safety alerts considered a serious event (Code 3 or 4).
- Announcement by the Ministry of Health for the first regional hospital MRI machine to be placed in the new Regional Hospital in Moose Jaw;
- Attainment of our surgical target for 2014-15 with no patient (who chooses) waiting longer than 3 months for surgery;
- Official opening of greenfield Primary Health Care Innovation Site – Crescent View Clinic in December 2014 with Minister Ottenbreit;
- Achievement of reductions in wait times for Adult Mental Health and Addictions clients;
- Successful Accreditation Canada Survey
- Completion of Year 1 of the Family Medicine Residency Program, through the College of Medicine, Distributed Medical Education Program.

Our successes can be attributed to the dedication and commitment of our employees and the medical staff. We are also grateful for the contributions made by our Volunteers and for the Foundations' significant efforts to ensure our communities have access to quality care.

Respectfully submitted,

E. (Betty) Collicott

Elizabeth (Betty) Collicott
Chairperson, Five Hills Regional Health Authority

Introduction

Five Hills Regional Health Authority (FHRHA) is continuously striving for *"healthy people and healthy communities"*. Our commitment is to work together with you to achieve your best possible care, experience and health.

This annual report presents the FHRHA's activities and results for the fiscal year ending March 31, 2015. It reports on public commitments made and other key accomplishments of the FHRHA. Results are provided on the publicly committed strategies, actions and performance measures as identified in the Ministry of Health's System Plan and FHRHA's Strategic Plan for 2014-15. The annual report provides an opportunity to assess the accomplishments, results, lessons learned and identifies how to build on past successes for the benefit of the people in the Five Hills Health Region.

FHRHA has an accountability agreement with the Ministry of Health which sets out the Ministry's expectations of the Region for the funding it provides. It contains both high-level organizational expectations and program-specific expectations for regions. The accountability document also clarifies the Ministry of Health's organizational, program and service expectations of FHRHA. These expectations are complementary to those articulated in legislation, regulation, policy and directives subject to amendments and additions or deletions made by the Minister and Ministry of Health. The accountability agreement is based on the Ministry's health system plan.

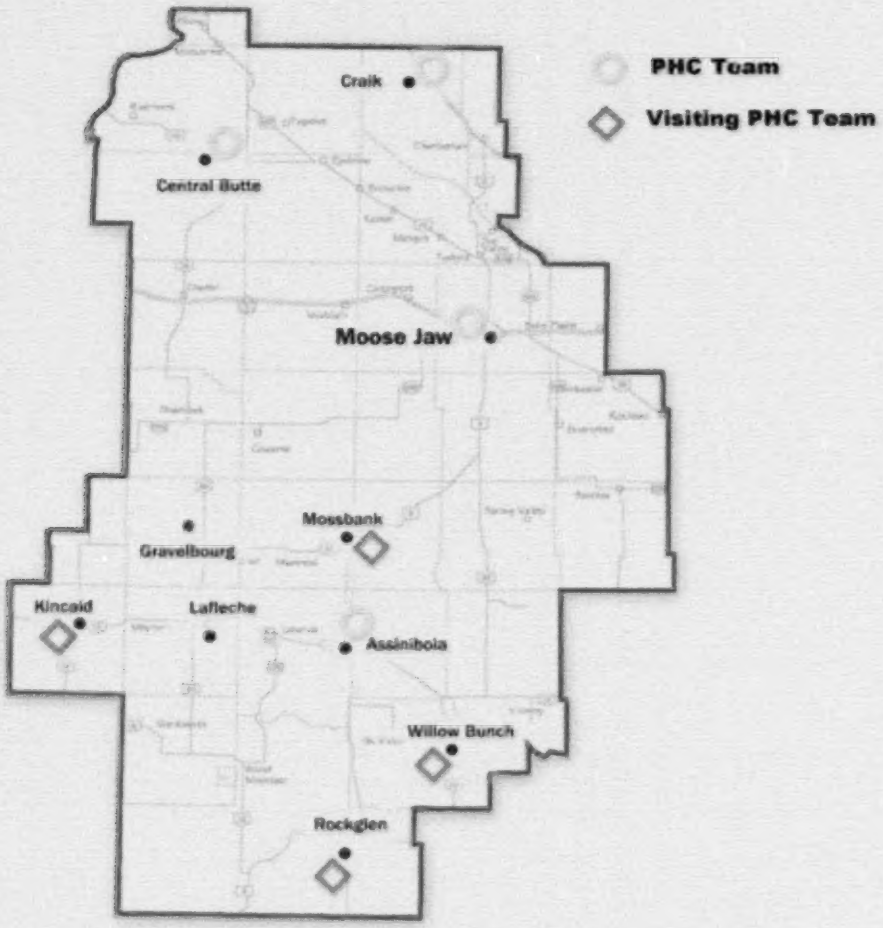
Overview

Located in south-central Saskatchewan, the Five Hills Health Region (the "Region") serves a population of approximately 54,000 in an area that extends from Lake Diefenbaker to the United States border. There are 40 communities, 27 whole and 6 partial rural municipalities and 1 First Nation reserve located in the Region and they are served by more than 1,800 staff, over 60 physicians and approximately 1,800 volunteers.

FHRHA is responsible for a comprehensive range of health services in the areas of acute care (hospital), long term care, home care, mental health and addictions, public health, primary health care and ambulance. These services are provided throughout the Region among 13 facilities, 3 affiliated agencies and several Health Care Organizations (HCOs). Several private personal care homes throughout the Region support continuing care services.

The corporate office is located in Moose Jaw and regional services administrative support is highly centralized there. The Region has efficiently organized services for finance, payroll, information technology, occupational health and safety, staff development, quality improvement and risk management, privacy, communications, nutrition and food services, laundry, housekeeping, biomedical engineering, maintenance, capital planning, security, disaster planning, materials management, human resources, labour relations, recruitment and selection, as well as related administrative support.

Facilities and Primary Health Care (PHC) Teams



Acute Care
Moose Jaw Union Hospital (Regional Hospital)

Integrated Acute and Long Term Care
Assiniboia Union Hospital
St. Joseph's Hospital/Foyer d'Youville*

Long Term Care
Ross Payant Nursing Home
Pioneers Lodge
Providence Place*
Extendicare*

*Affiliate/Contracted Agency

Integrated Long Term Care and Health Centres
Central Butte Regency Hospital
Craik and District Health Centre
Grasslands Health Centre
Lafleche and District Health Centre

Wellness Centres
Mossbank Wellness Centre
Willowbunch Wellness Centre
Kincaid Wellness Centre

Integrated Primary Health Care
Kliniek on Main, Moose Jaw
Crescent View Clinic, Moose Jaw

Acute Care

Moose Jaw Union Hospital is a Tier I Regional Hospital with 100 inpatient beds which provides a range of secondary inpatient acute care services:

- Satellite Dialysis
- Anaesthesiology
- Family Medicine
- Internal Medicine
- Orthopaedics
- Paediatrics
- Emergency Medicine
- Obstetrics
- Ophthalmology
- Psychiatry
- Urology
- General Surgery
- Gynaecology
- Pathology
- Radiology
- Mental Health & Addictions

These services are supported by professionals in laboratory, diagnostic imaging, ultrasound, respiratory therapy, hyperbaric medicine, physical therapy, occupational therapy, pharmacy and central sterile supply.

Moose Jaw Union Hospital Statistics								
Unit	**Patient Days**		**Average Daily Census**		**Percent Occupancy**		**Average Length of Stay**	
	2015	**2014**	**2015**	**2014**	**2015**	**2014**	**2015**	**2014**
Nursery	4	6	0.01	0.02	1.10	1.64	4.00	6.00
Intensive Care Unit	1103	1,154	3.02	3.16	60.44	63.23	6.41	4.23
Women's Health	1580	1,871	4.33	5.13	61.84	51.26	2.29	2.34
Paediatrics	1787	1,678	4.90	4.60	48.96	45.97	2.64	3.09
Mental Health	3297	3,179	9.03	8.71	75.27	72.58	14.52	17.18
Surgery	5844	6,108	16.01	16.73	84.27	83.67	4.62	5.16
Medicine	8494	10,636	23.27	29.14	77.57	97.13	6.11	7.49
Total Adult	22109	24,632	60.57	67.49	78.67	73.89	5.00	5.59
Total Newborn	1209	1,225	3.31	3.36	33.12	33.56	2.22	2.25
Total Adult and Newborn	23318	25,857	63.88	70.85	73.43	69.91	4.70	5.22

The Assiniboia Union Hospital (16 beds) in Assiniboia and St. Joseph's Hospital/Foyer d'Youville (9 beds), in Gravelbourg are designated as community hospitals in the Region. Community hospitals provide acute inpatient medical care and emergency room coverage with 24/7 RN staffing. Each hospital is integrated with long term care beds, including designated respite and convalescent care.

Emergency/Outpatient Department Visits		
	2015	2014
Moose Jaw Union Hospital	30,694	31,721
Assiniboia Union Hospital	4,755	4,389
St. Joseph's Hospital*	5,095	5,137
Central Butte Regency Hospital	60	157

* affiliate

Acute Care Facilities								
	Inpatient Days (Adult)		Average Daily Census		Percent Occupancy		Average Length of Stay	
	2015	2014	2015	2014	2015	2014	2015	2014
Moose Jaw Union Hospital	22,109	24,632	60.57	67.49	78.67	73.89	5.00	5.59
Assiniboia Union Hospital	2,884	3,200	7.90	8.77	65.83	54.79	8.04	8.73
St. Joseph's Hospital*	1,995	2,129	5.47	5.83	60.77	65.21	4.28	4.50

*affiliate

Long Term Care Facilities						
	Resident Days		Average Daily Census		Percent Occupancy	
	2015	2014	2015	2014	2015	2014
Central Butte Regency Hospital	7873	8,268	21.57	22.65	79.89	83.90
Assiniboia Union Hospital	8006	7,946	21.93	21.77	99.70	98.95
Craik and District Health Centre	5423	5,730	14.86	15.7	82.54	87.21
Ross Payant Nursing Home	12532	13,110	34.33	35.92	90.35	94.52
Lafleche Health Centre	4969	5,572	13.61	15.27	85.09	95.41
Grasslands Health Centre	5592	5,610	15.32	15.37	90.12	90.41
Extendicare*	44786	43,800	122.70	120	98.16	96.00
Pioneers Housing	25464	25,545	69.76	69.99	94.28	94.58
St. Joseph's Hospital*	13842	16,593	37.92	45.46	75.85	90.92
Providence Place*	62075	62,252	170.07	170.55	97.74	98.02

*affiliate/contracted agency

Community Health Services

The Community Health Services portfolio was created to better align with Saskatchewan's Health System Plan which puts the "Patient First". It is a move away from current structures which reinforce silo practice as it will improve quality and safety of health and improve access to health care services where and when our customers need it. It will work toward achievement of better health, better care, better value and better teams. The Region's goal is to achieve better health care outcomes for our customers and we believe that the integration of these programs (Primary Health Care, Public Health and Mental Health and Addictions Services) will help achieve these results.

Primary Health Care

Primary Health Care (PHC) is the day-to-day care needed to protect, maintain or restore our health and accounts for over 80% of all healthcare interactions. It is often a first point of contact with the health system, delivered by teams of physicians, nurse practitioners, pharmacists, therapists, and others. A strong Primary Health Care system engages with patients, families and communities; enables teams to flourish, is proactive in preventing and managing chronic conditions and encourages innovation. Within Five Hills, Primary Health Care continued to focus on both stabilizing services and progressing innovation.

Primary Health Care is advancing the use of technology as an opportunity to provide services "closer to home." The electronic health record has been implemented in all Regional PHC sites and work was completed to bring Patient Education, Therapies, the Depot Clinic (Mental Health & Addictions Services) and the Teen Wellness Clinic into the Med Access electronic health record program. This advancement strengthens communication between providers and continuity of care for patients.

Telehealth is available in Rockglen, Gravelbourg, Assiniboia, Craik, Central Butte and Kliniek on Main. Work continues to understand how to use telehealth technology to creatively address healthcare in such a way to meet patient and family needs.

In the southern portion of the Region, the Director of PHC Teams and Public Health Nursing is responsible for the Wellness Centres, Assiniboia PHC Team and regional Public Health Nursing services. Sun Country Health Region, Five Hills Health Region and South Country Medical Clinic continue to work together to develop a consistent approach to services for the Coronach, Rockglen, Willow Bunch and Assiniboia areas.

For the Craik and Central Butte teams, stabilizing services for the communities they serve was an area of emphasis. With the support of a Director of PHC Teams, the Kliniek on Main team in Moose Jaw, together with the local team continue to be integral in stabilizing PHC services for residents of Central Butte and area. In addition, Kliniek on Main continues to develop the program offering specialized services to the Newcomer population in Moose Jaw. Manager positions were redesigned to support integrated Long Term Care and Primary Health Care services onsite in both Central Butte and Craik. Five Hills and Heartland Health Regions continue to work toward a minimum of a three-physician group to provide stable, 24/7 coverage to the Emergency Room (ER) in Davidson and day-to-day physician services in Craik and Davidson.

Highlights of the year for Patient Education include changes in leadership, continued work to ready the staff team for the move to the new regional hospital, and further improvements through kaizen (continuous improvement) work. With the retirement of the previous Director, a new Director came on board in September. The team continues to hold the gains realized with the 5S project and identify further work needed for the move. Planning is at the detail level, including equipment purchasing, integrating reception functions for Patient Education and its co-located departments; along with the move day coordination.

The focus of kaizen work has been on Cardiac Rehab programming. Value stream mapping was completed and there are several Plan Do Check Acts (PDCAs) in progress. These include streamlining initial appointments, changing hours of work to improve patient flow, and tracking improvements using data.

Crescent View Clinic in Moose Jaw is one of eight innovation sites in the province and was designed primarily to manage acute, episodic illnesses in support of reducing wait times in the emergency department for patients requiring urgent but not emergent care. In addition, the clinic provides support to patients of family physician practices for episodic illnesses when they cannot see their practitioner on short notice. Crescent View also offers adult mental health and addiction services.

The Crescent View team includes four nurse practitioners, three clinical assistants, two healthy-living consultants and six itinerant physicians. In July 2014, Crescent View began providing services seven days a week. At capacity, Crescent View Clinic provides care to approximately 930 clients per month, with the potentially significantly reducing the number of patients seeking urgent but not emergent care in the hospital Emergency Department. In winter of 2014/15, a 3P event was held to redesign the Crescent View space with the intention of integrating the Access Center, Home Care, and some Public Health programming into one centrally located center.

Mental Health and Addictions

The Mental Health and Addictions Action Plan (MHAAP) for Saskatchewan was revealed in December 2014 after several months of consultations around the province with customers, families, stakeholders and providers. This ten-year action plan outlines 16 recommendations that will form the basis of further work plans, not only for Mental Health and Addictions Services in the Region, but also for interagency and inter-departmental partners in health. A provincial Executive Steering committee has been assembled and will examine and prioritize the recommendations for action planning. In Five Hills Health Region we are pleased to report that we are apprised of the recommendations from the MHAAP and are mindful about addressing the recommendations in our kaizen planning and work plan.

Mental Health and Addictions Services provide acute inpatient mental health and outpatient mental health and addictions care for children, youth and adults in Moose Jaw. A satellite outpatient clinic is held in Assiniboia.

The Thunder Creek Rehabilitation Association provides residential services, community supports and pre-vocational programs for adults experiencing severe mental illness.

The Region provides a wide range of treatment options for adolescents and adults with addictions related issues. Wakamow Manor, operated by Thunder Creek Rehabilitation Association, provides a 20-bed detoxification centre for individuals over the age of 16 who are seeking assistance to withdraw from alcohol and or other drugs. The centre provides two transition beds for clients who are waiting for Residential Addictions Treatment. Riverside Mission and Hope Inn provides residential services for those individuals in recovery from a substance related disorder.

Mental Health promotion and education programs and programs for prevention of substance abuse are available for the public and human services professionals. The Canadian Mental Health Association also provides mental health promotion, public education and prevention information and literature on mental health and mental illness

All outpatient services and programs may be accessed through Mental Health & Addictions Centralized Intake (http://www.fhhr.ca/MentalHealth.htm) department. Centralized Intake responds to all initial requests for mental health and addictions information or services from individuals, family physicians, family members or community agency members.

Public Health Services

Public Health Services (PHS) focuses on prevention, health protection, and population health promotion. Under the leadership of the Executive Director, Integrated Population Health Services and Medical Health Officer, PHS provides a range of services, programs, and functions, including:

- public health nursing
- public health inspection
- Communicable Disease control, investigation, and follow-up
- public health nutrition
- dental health education
- epidemiology & statistical analysis capacity
- population health promotion
- speech and language pathology services
- Teen Wellness Clinic
- Needle Exchange Program (NEP)
- Ongoing communications with media outlets

Prevention

Prevention of disease is the best way to reduce wait times and alleviate pressures on hospitals. Some of the work done on prevention over the past year includes:

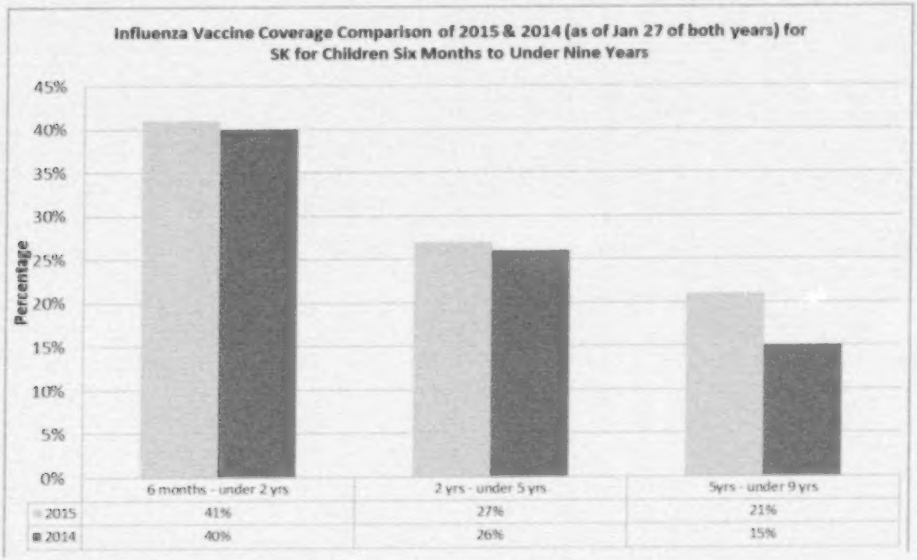
Supports to Pregnant and Parenting Families

- Continuation and enhancement of services to support the development of healthy families. This includes Child Health Clinics, prenatal services; both in the classroom and online, postnatal home visiting, and follow up for families with increased need or specific concerns or challenges. Post natal visiting has been involved in improvement work looking at improving timely access to a Public Health Nurse (PHN) upon discharge from the hospital.
- Baby's Best Start delivers enhancement of specialized programming for high risk prenatal clients and parents requiring additional supports following baby's birth.
- Establishment of collection and reporting methods for breastfeeding rates will identify focused areas of improvement.

- Public Health Nurses work to increase opportunity for children ages 0-5 to be involved in pro social, physical (gross motor), craft (fine motor) and pre-literacy (language acquisition) activities. These areas have been identified as priorities by parents and through quantitative evidence such as the Early Development Instrument and Understanding Early Years Survey. Lack of available services for this age group in rural areas, as well and the isolation often felt by parents with small children is addressed by Public Health Nursing in collaboration with various sectors and disciplines including education.

Immunization Programs

- PHNs continue efforts to understand barriers to immunization and address these barriers.
- Improved access to influenza vaccine utilizing the principles of traditional and non-traditional settings, flexible hours and coordinated efforts with providers in the region.



Reduction of Sexually Transmitted Infection (STIs)

- Work continues to reduce the occurrence of STIs in keeping with the strategic priority of the Province.
- The Teen Wellness Clinic supports community youth by providing confidential, timely and relevant services. The addition of an Electronic Medical Record enhances collaboration and continuity of care for this population.
- Testing rates have peaked over the year, with fluctuating rates of STI detection. Chlamydia remains the most commonly encountered reportable STI in FHHR & the Province.

Speech Language Pathology

- The Department has had a total of 189 referrals for children under the age of 5 years, an increase of 5.6% from 2013/2014, and continued to exceed national response targets. Referral sources included Public Health Nurses, General and Pediatric Physicians, Nurse Practitioners, Occupational Therapist, Physical Therapist, Dental Health Educator, Parents, Autism Spectrum Disorders Consultant, Early Childhood Psychologist, Children's program at the Wascana Rehabilitation Center, Developmental Assessment Clinic, Early Childhood Intervention Program, daycares, and preschools.

Protection

Public Health Services staff is always available to ensure the public is protected in cases of outbreaks and emergencies:

Emergency Response

- Preparations for Level Four Infection Control have been undertaken, involving Infection Prevention and Control, ER, and Public Health Services. This includes preparation for potential pathogens such as Ebola, MERS-COV and Avian influenza.

Public Health Inspection

- This fiscal year saw the official kick off of the Saskatchewan Environmental Health Inspection Program. This is the same electronic data management system implemented in Five Hills Health Region in 2010. Representatives from Five Hills worked closely with the Ministry of Health to help select, develop, and implement the new system. Implementation of this system province wide represents a major leap forward for Public Health Inspectors (PHIs) in Saskatchewan.

The Ministry of Health requires that PHIs complete at least one inspection per year on Category I facilities. Five Hills has once again achieved 100% completion of these mandatory inspections.

Facility Type	# of Premises open	Total # of Inspections	# of Premises with minimum one Inspection	% of Premises with minimum one Inspection	2014/15 Completion rate
Public Eating Establishments	298	453	298	100%	100%
Public Water Supplies	41	58	41	100%	100%
Swimming Pools	21	66	21	100%	100%
Whirlpools	7	23	7	100%	100%
Paddling Pools	7	12	7	100%	100%
Slaughter Houses	2	4	2	100%	100%
Total	**376**	**616**	**376**	**100%**	**100%**

Promotion

Health Promotion endeavors focus largely on supporting the population within the Region. This has included various projects over the past year:

Oral Health

- Every five years the Ministry of Health assesses the oral health of children in Saskatchewan. This is done through dental screenings for Grade 1 and 7 students. The results of the screenings are used to identify schools at risk and implement the appropriate dental health promotion programs in the schools.
- The results of the 2013/2014 Provincial Dental Screening indicate that 60% of children in Five Hills Health Region have experienced dental decay by 6 years of age. Dental decay is less expensive to prevent than it is to treat. The Oral Health Promotion team works in the following ways to help prevent and lower the occurrence of dental decay in the Region:

- Visiting selected schools which have been identified "at risk" and screening children in grades 1, 2, 7 and 8 for the appropriateness of a protective sealant being applied to the chewing surface of permanent molars to help prevent tooth decay. The sealants are placed along with an application of fluoride varnish.
- Targeting preschool aged children with the fluoride varnish program offered in various communities to help reduce the incidence and severity of tooth decay.
- Referrals for early screening and fluoride varnish applications are offered to infants and children attending Child Health Clinics.

Food Security

- The FHHR Public Health Nutritionist has:
  - Collaborated with the many partners of the South Central Food Security Network to:
    - Improve the local Farmer's Market experience in Moose Jaw as identified by the community as a need. A new location on Langdon Crescent has been secured for the 2015 market season and an evaluation will be completed in the fall of 2015 for the perceived effectiveness of this new location.
    - Publish two directories titled "The 100 Miles of Food Producers" and "Food Security in Moose Jaw & Area" that are now accessible at www.southcentralric.ca/south-central-food-security-network.html;
    - Develop a form of social media to build awareness and educate the community www.facebook.com/sc.fsn;
    - Develop a seed library promoted and maintained at the Moose Jaw Public Library;
    - In partnership with the Wakamow Valley Authority, begin planning for a two acre free food farm that will produce fresh produce for vulnerable populations in our community https://www.facebook.com/pages/Mosaic-Community-Food-Farm/391282111059787?fref=ts. Planting begins in June 2015 and an evaluation process will take place in the fall of 2015.
  - Collaborated with the FHHR Healthy Food Strategy Team to begin revising the Five Hills Health Region Food & Nutrition Policy. We collected data to determine the percentage of 'Choose Most Often', 'Choose Sometimes', and 'Choose Least Often' foods accessible in our various facilities based on the ***Healthy Foods for My School*** guidelines www.saskatchewan.ca/live/education-learning-and-child-care/health-and-safety-education-programs/healthy-foods-for-school developed by the Public Health Nutritionists of Saskatchewan and the Government of Saskatchewan.
  - Collaborated with Mental Health & Addictions to host regular sessions for parents called "Helping Children Be Good Eaters" in our communities.

Home Care/Continuing Care

Continuing Care services are generally provided to a population of elderly persons over the age of 75 years. The continuing care program includes home care nursing, home care personal care, home care acute care replacement services, inpatient geriatric assessment and rehabilitation, long term care, transition/alternate level of care (non-acute care), convalescent, respite care, palliative care, and podiatry.

Institutional care is available to over 530 long term care residents. In addition, the Region offers Geriatric Assessment and Rehabilitation (14 beds), Transition (18 beds) as well as designated Respite and Convalescent beds.

The majority of institutional long term care support (65%) is provided by affiliate and contracted organizations; Providence Place and Extendicare in Moose Jaw and St. Joseph Hospital/Foyer D'Youville in Gravelbourg.

The Region provides long term care services in Rockglen, Assiniboia, Lafleche, Central Butte, Craik, and Moose Jaw. Community-based clients are further supported with adult day programs located at Providence Place, Central Butte and Gravelbourg.

The Five Hills Access Centre (FHAC) (http://www.fhhr.ca/AccessCentre.htm) is the single point of entry to Continuing Care services. All referrals for continuing care services in the Region including Home Care, Respite, Palliative Care, Long Term Care and Convalescence are managed through the Access Centre. FHAC is also responsible for Discharge Planning services out of Moose Jaw Union Hospital and coordination of admissions/discharges to Transition, Respite, Palliative and Long Term Care beds throughout the Region. The primary focus of the FHAC is client-centered Assessment and Case Management services.

The Ministry supported the Region with funding in the following ways:

- The Provincial Urgent Issues Action Fund was created in 2014 to provide $10.4 million to assist health regions in addressing priority issues in long term care. An additional $3.8 million was provided to manage ongoing pressures. The allocation for the Region is intended to enable FHRHA to continuously improve the quality of care within the region. The funding will be used to purchase high/low beds in long term care facilities as well as ceiling track lifts to enable greater comfort and safety with resident transfers in long term care. In addition, funding will be used for continuous improvement initiatives to increase the direct care time provided to our residents.
- By providing additional Individualized funding to be used to reduce waitlists of individuals seeking support and/or their care givers in providing care at home.
- For training and implementation of the Resident Assessment Instrument (RAI) used to prioritize assessments of home care clients.

Health Care Organizations (HCOs)

The Region either directly delivers health services through its staff, or contracts with other agencies for the provision of services. These contracted agencies are referred to as HCOs and include all private sector, community-based and affiliated (religious-based) service agencies that provide ambulance, addiction, mental health, long term care and acute services. HCOs are accountable through and to the Five Hills Health Region. Contracts are with the following HCOs and private providers to deliver health services:

Canadian Mental Health Association provides community education and awareness of mental illness.

Extendicare operates a 125-bed long term care facility in Moose Jaw.

Hutch Ambulance Services provides ground ambulance services for Assiniboia and area.

Moose Jaw and District EMS provides ground ambulance services for Moose Jaw and area and Central Butte and area.

Providence Place operates a 160-bed long term care facility, a 14-bed Geriatric Assessment and Rehabilitation Unit and an adult day program, located in Moose Jaw.

St. Joseph's Hospital/Foyer d'Youville operates a 50-bed long term care and 9-bed acute care facility in Gravelbourg and provides ground ambulance services in Gravelbourg and area.

Thunder Creek Rehabilitation Association provides residential services and programs for adults with severe and persistent mental illness.

Wakamow Manor operates a 20 bed (plus 2 transitional beds) social detox centre for drugs and alcohol.

Governance

Five Hills Health Region is governed by a 10-member Five Hills Regional Health Authority (FHRHA), appointed by the Lieutenant Governor in Council and accountable to the Minister of Health. The members of the FHRHA, also referred to as the Board, represent a mixture of rural and urban backgrounds. The members are:

Elizabeth (Betty) Collicott, Chairperson	Moose Jaw
Donald Shanner, Vice Chairperson	Moose Jaw
Grant Berger	Central Butte
Janet Day	Avonlea
Alvin Klassen	Central Butte
Tracey Kuffner	Glentworth
Brian Martynook	Moose Jaw
Cecilia Mulhern	Meyronne
George Reaves	Gravelbourg

The roles and responsibilities of the FHRHA are set out in *The Regional Health Services Act* and in their General Bylaws. The Authority is responsible for the planning, organization, delivery and evaluation of the health services it provides throughout the Region, namely:

- Strategic planning;
- Fiscal management and reporting;
- Relationships with stakeholders;
- Quality management initiatives;
- Monitoring, evaluation and reporting of performance indicators; and
- Monitoring, management and performance of the Authority and Chief Executive Officer.

The FHRHA Planning Committee (a committee of the whole) carries out the functions of Audit, Finance, Human Resources, Quality, Safety, Risk, Strategic Planning and other functions as may be required by the Board. The Planning Committee is supported by the Executive Committee whose membership consists of the Chairperson, Vice Chairperson and one other Board member. The Authority also utilizes ad hoc committees as necessary (i.e. HR Committee) whose membership will consist of Board Members, the Chief Executive Officer and members of the Senior Leadership Team as required.

Community Advisory Networks

The Regional Health Services Act, Section 28 states:

> *28(1) A regional health authority shall establish one or more community advisory networks for the health region for the purpose of providing the regional health authority with advice respecting the provision of health services in the health region or any portion of the health region.*
>
> *(2) The minister may provide directions to regional health authorities with respect to the establishment and composition of community advisory networks.*

(3) Persons who participate in a community advisory network are not entitled to remuneration with respect to that participation.

The Board has a network in place for receiving advice from a number and variety of communities. Primary health care development, with its significant community development component, rounds out the existing network. The attached Appendix B provides a listing of organizations with whom the Region interacts.

Alignment with Strategic Direction

Mission

Five Hills Health Region employees work together with you to achieve your best possible care, experience and health.

Vision

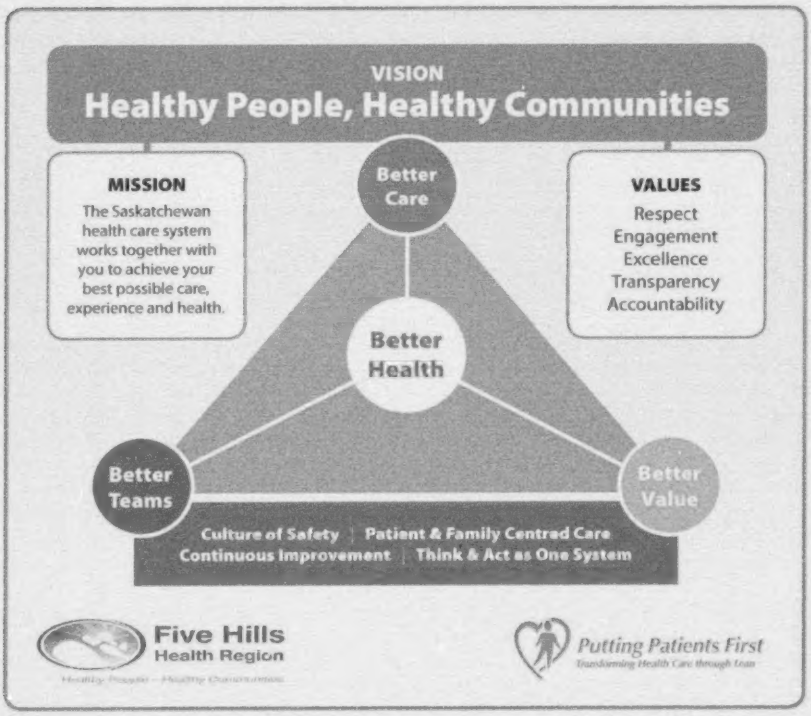
Healthy People – Healthy Communities

Values

Respect, Accountability, Engagement, Excellence, Transparency

Our Vision, Mission and Values along with the Region's Strategic Plan for the 2014-15 year, set a clear sense of direction for our leadership team, staff and physicians as we provide health services to our customers and their families. Many sources were involved in the development of the strategic plan, including the Saskatchewan Ministry of Health, the Patient First Review, Accreditation Canada, Health Quality Council, Community Consultations, Customer Feedback and Staff and Physicians of the Five Hills Health Region.

As in past years, the Region continues to focus on the four Provincial enduring strategies in order to make improvements to the health system – **Better Health, Better Care, Better Value** and **Better Teams.**



Better Health
Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care
In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Better Value
Achieve best value for money, improve transparency and accountability and strategically invest in facilities, equipment and information infrastructure.

Better Teams
Build safe, supportive and quality workplaces that support patient and family centred care and collaborative practices and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

Health leaders from within the Region have taken the enduring strategies and breakthrough initiatives back to the directors and staff, where they then developed improvement projects that would ultimately assist in achieving the health system goals of the Province. Five Hills Health Region's strategic plan, in aligning with the Ministry of Health's System Plan, outlines a vision for improving access to a health system that provides **Better Health, Better Care, Better Value** and **Better Teams** for our residents. In addition to this alignment with the "Betters", FHRHA continued to operate with four "service lines" that align with the five metrics of Quality, Cost, Delivery, Safety and Morale (QCDSM). We are organized into "service lines"' intended to bring areas of specialty with overlapping areas of patient/ client focus. Each service line identifies areas of operational performance needing improvement or continuous monitoring and develops targets and goals associated with these. In the following pages you will find an outline of the Region's service lines, an explanation of the QCDSM metrics and the Region's subsequent improvement projects and their results.

Quality

Services received by the patient **must fit their precise intended use** while serving the patient's needs.
Services **must meet patient requirements** and conform to their specifications.
Services must be **accompanied by excellent service** before, during and after delivery.

Cost

Products and services **must be cost-effective.**
Services must be **costed effectively**.
Concentrated efforts are made to **eliminate waste** and to do only those things that **add value to the patient**.
Costs are controlled with suppliers and vendors in order to result in lower costs for products and services.

Delivery

Superior delivery of services is critical.
Patients must receive **the right service**, in the **right place**, at the **right time**, in the **right manner**.
Services must be **timely, reliable** and **courteous.**
Patients expect reliable services so that they are assured we will meet their needs in the future.

Service Lines

Acute and Emergency

Surgical

Mental Health, Primary Health, Public Health

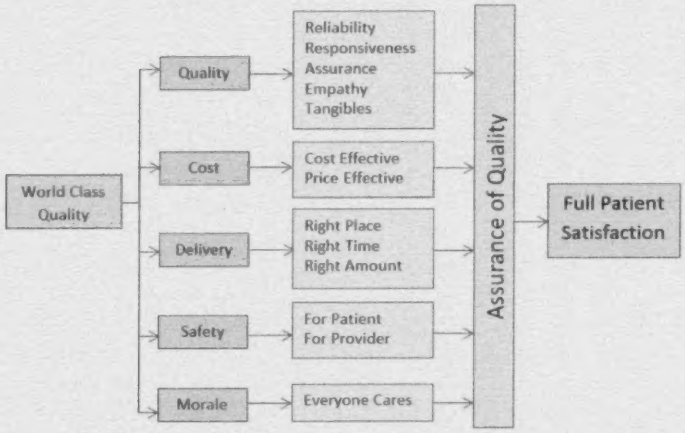
Continuing Care

Safety

The importance for the **patient** of **safety** in using our services is paramount.
Full satisfaction to the patient also means ensuring **safety** for **all employees** who provide the services.

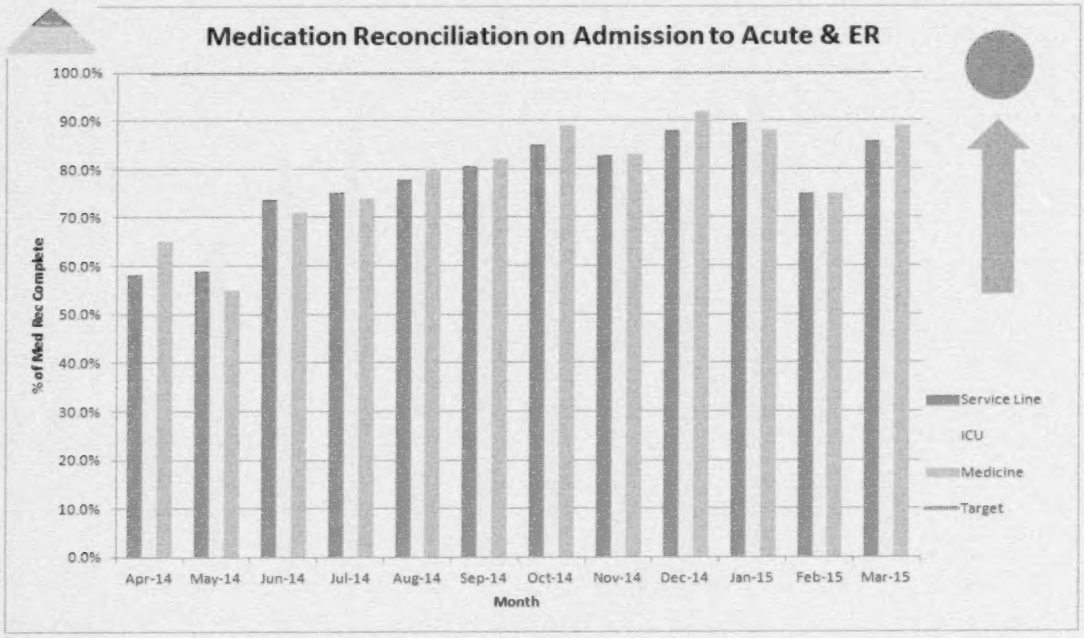
Morale

Service reliability and high quality require that people have high morale and competence.
Employee morale and **education** are **critical aspects to full patient satisfaction.**
Patients must be assured that the people who deliver their services really understand and care about doing a good job.



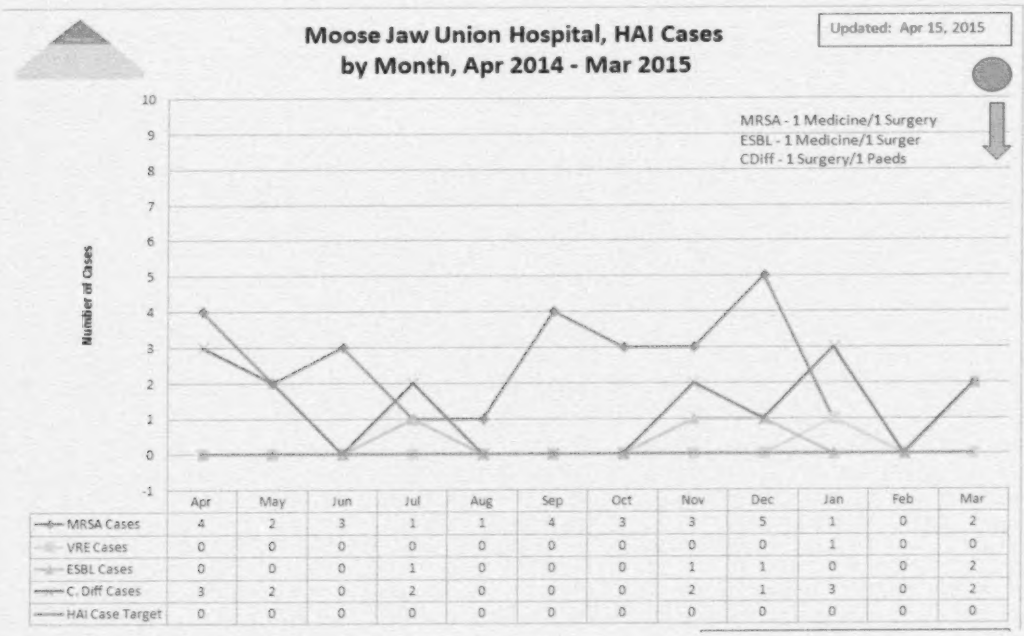
Quality

Service Line Goal: 100% Compliance with Medication Reconciliation by March 31, 2015



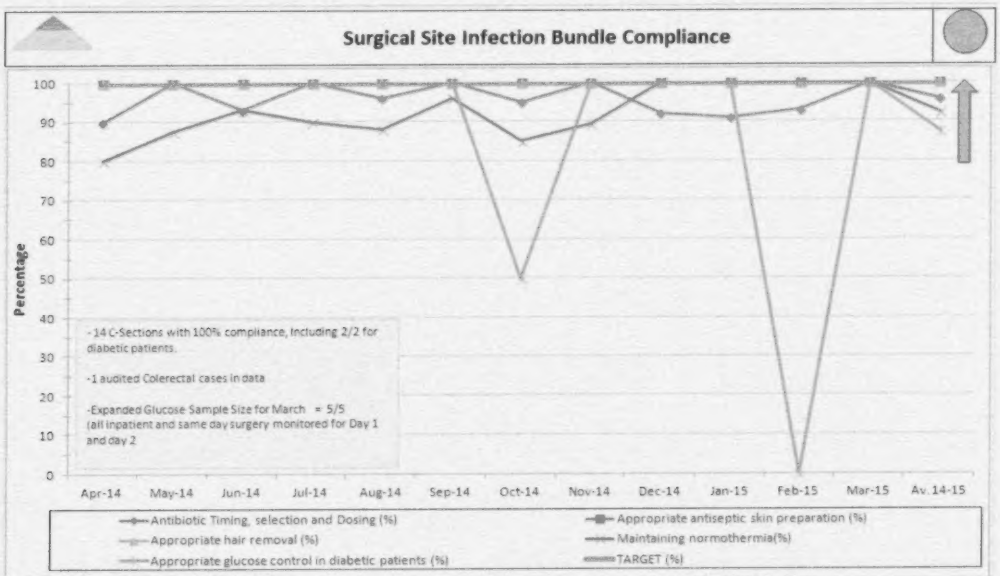
Quality

Service Line Goal: Zero Healthcare Acquired Infections (HAI) by March 31, 2015.


Moose Jaw Union Hospital, HAI Cases
by Month, Apr 2014 - Mar 2015
Updated: Apr 15, 2015
MRSA - 1 Medicine/1 Surgery
ESBL - 1 Medicine/1 Surger
CDiff - 1 Surgery/1 Paeds
Number of Cases

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
MRSA Cases	4	2	3	1	1	4	3	3	5	1	0	2
VRE Cases	0	0	0	0	0	0	0	0	0	1	0	0
ESBL Cases	0	0	0	1	0	0	0	1	1	0	0	2
C. Diff Cases	3	2	0	2	0	0	0	2	1	3	0	2
HAI Case Target	0	0	0	0	0	0	0	0	0	0	0	0

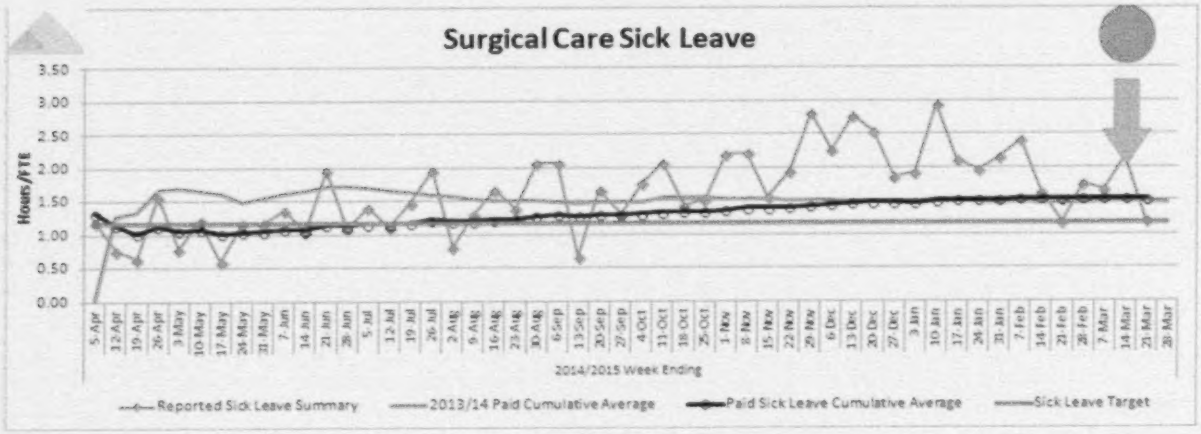
Service Line Goal: Zero Surgical Site Infections and 100% Compliance with Surgical Site Infections Bundle by March 31, 2015

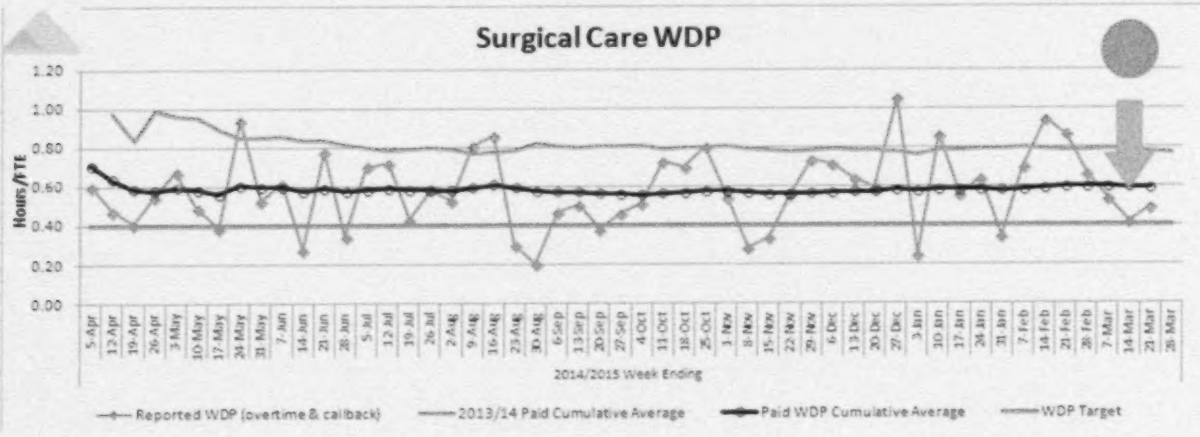

Surgical Site Infection Bundle Compliance
Percentage
- 14 C-Sections with 100% compliance, including 2/2 for diabetic patients.
- 1 audited Colerectal cases in data
-Expanded Glucose Sample Size for March = 5/5 (all inpatient and same day surgery monitored for Day 1 and day 2
Apr-14 May-14 Jun-14 Jul-14 Aug-14 Sep-14 Oct-14 Nov-14 Dec-14 Jan-15 Feb-15 Mar-15 Av. 14-15
Antibiotic Timing, selection and Dosing (%)
Appropriate antiseptic skin preparation (%)
Appropriate hair removal (%)
Maintaining normothermia(%)
Appropriate glucose control in diabetic patients (%)
TARGET (%)

Service Lines 1 and 2: Clinical Services (Acute & Emergency, Surgical)

Cost

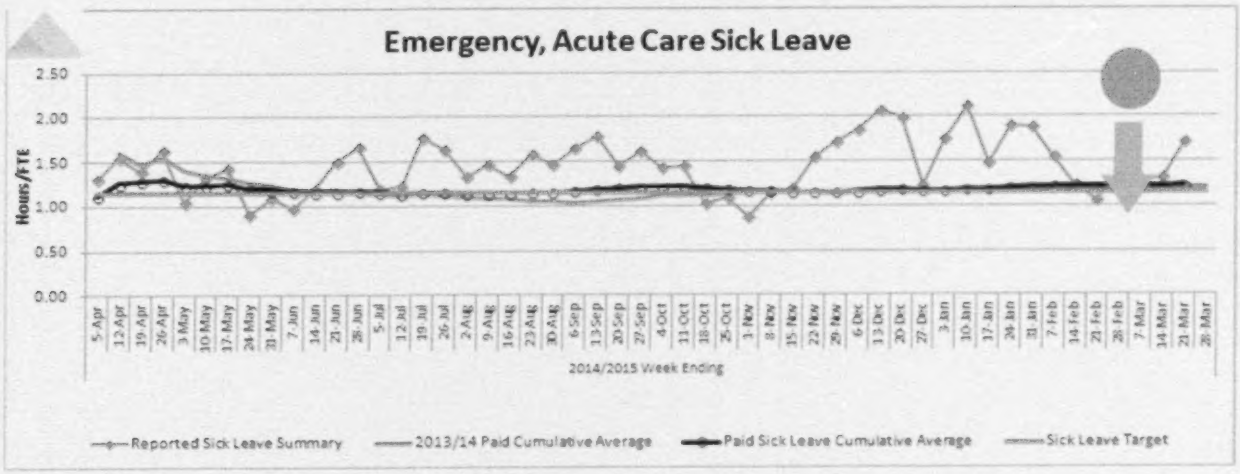
Service Line Goal: Sick Time and Wage Driven Premiums to meet or be below target by March 31, 2015

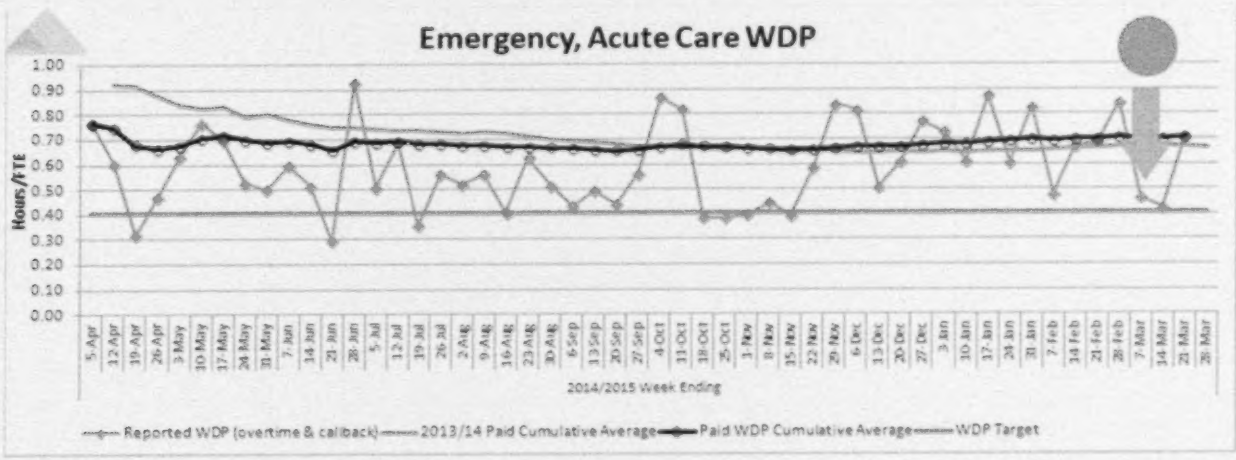




Cost

Service Line Goal: Sick Time and Wage Driven Premiums to meet or be below target by March 31, 2015





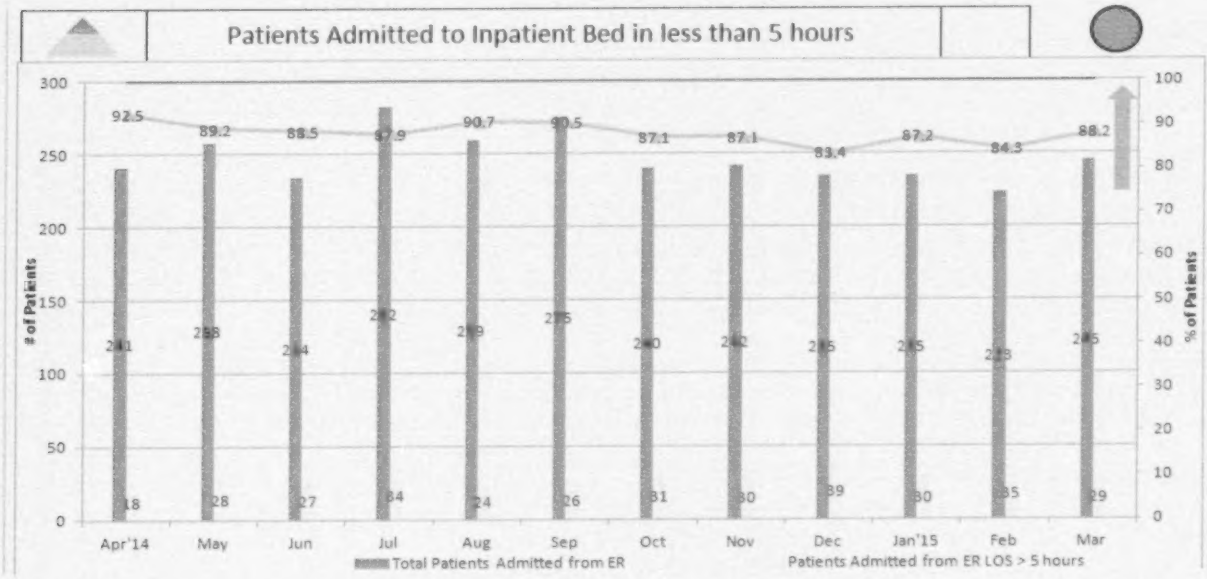
Delivery

Provincial Five Year Outcome: By March 31, 2017 no patient will wait for care in the Emergency Room

Provincial Five Year Target: By March 31, 2015, decrease by 50% the wait times in ER

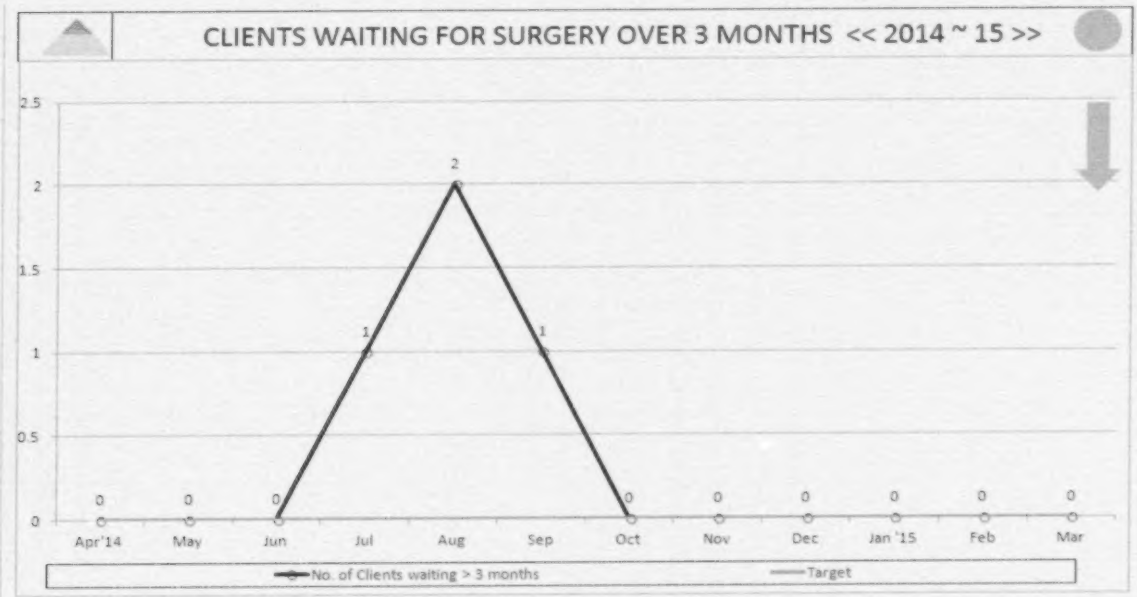
2014-15 Provincial Hoshin: At least 85% of patients requiring admission from ER are admitted to an appropriate bed within 5 hours

Service Line Goal: All patients admitted to inpatient bed within 5 hours by March 31, 2015



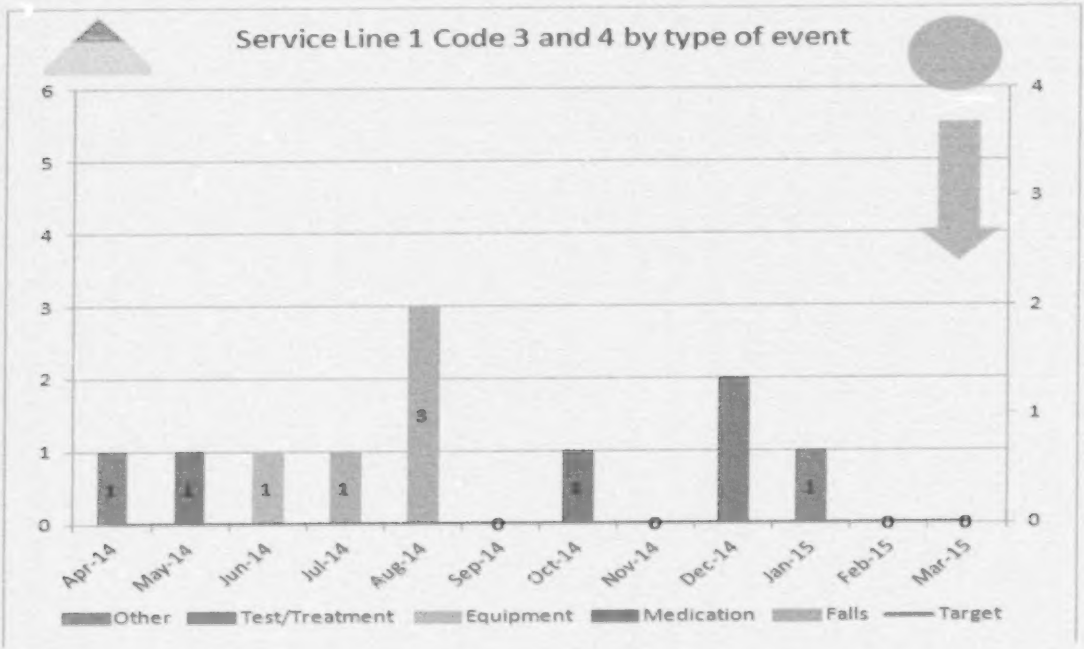
Delivery

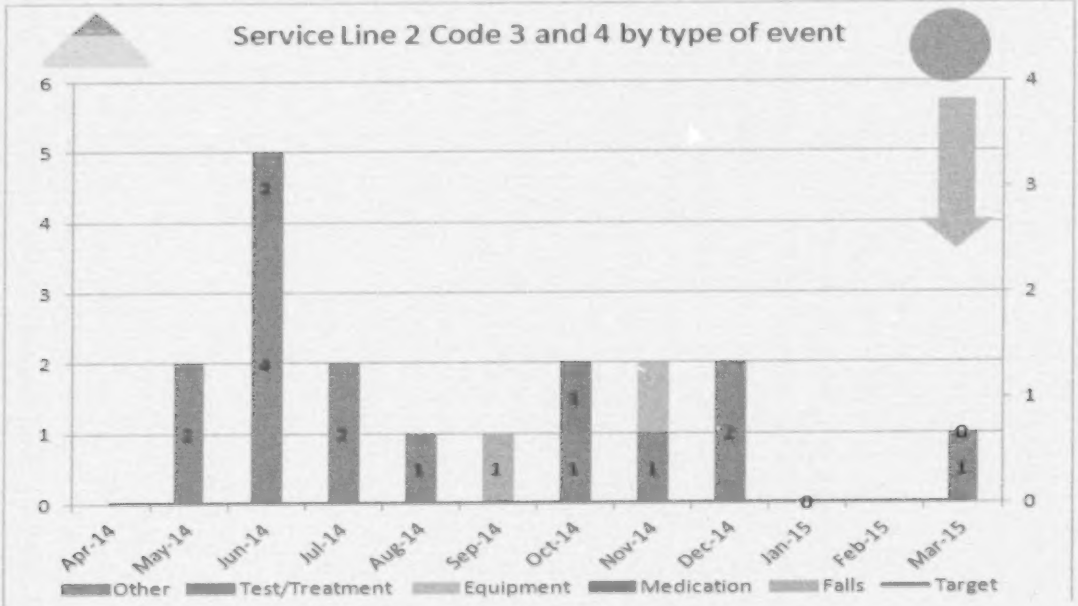
Service Line Goal: Sustain zero patients waiting more than 3 months for surgery by March 31, 2015



Safety

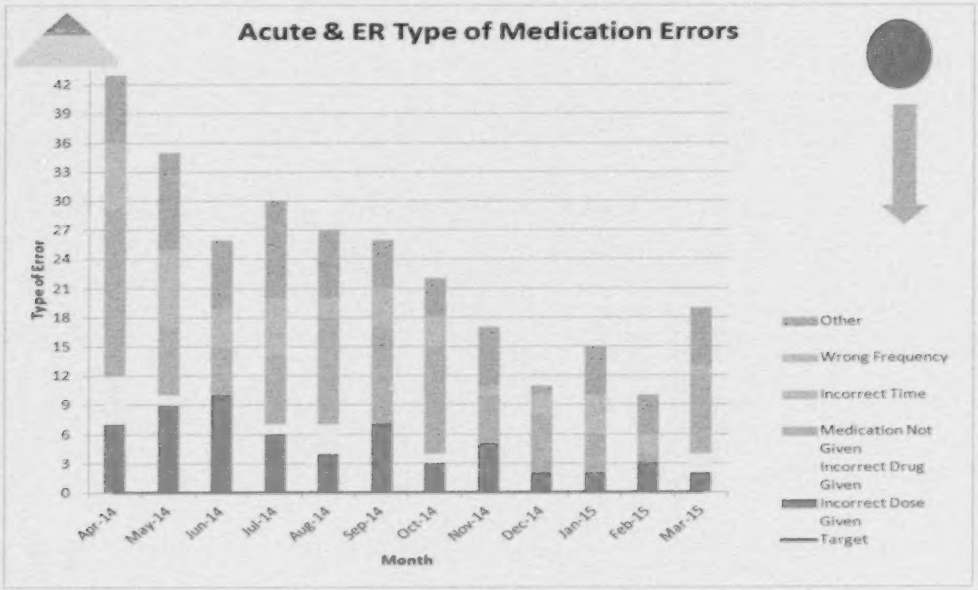
Service Line Goal: Zero Code 3 and 4 Safety Alerts by March 31, 2014

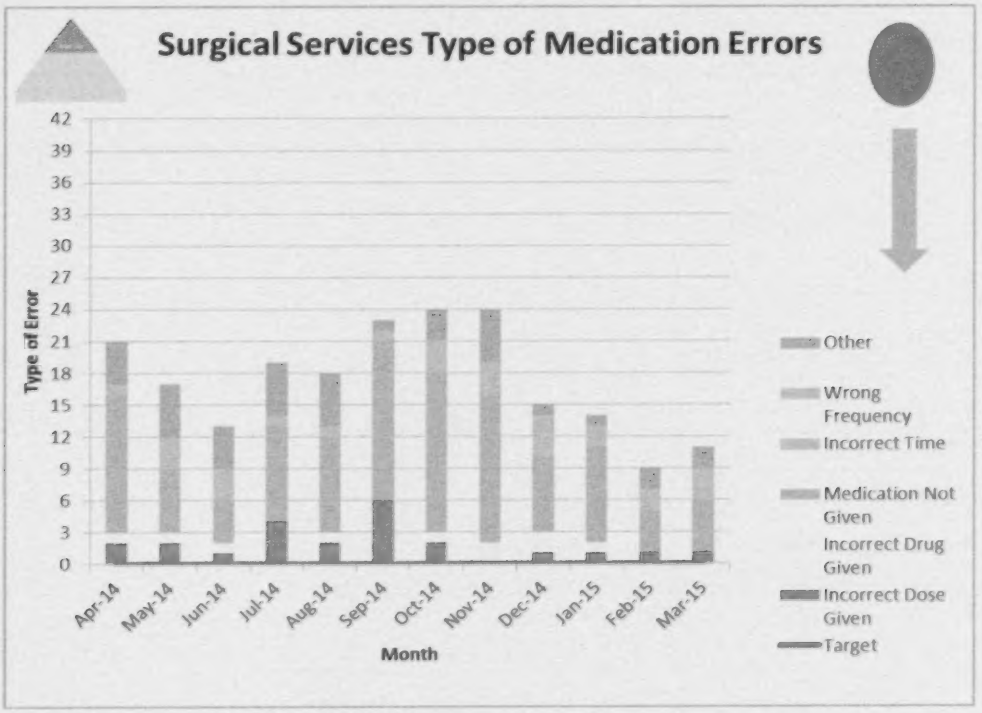




Safety

Service Line Goal: Zero medication errors by March 31, 2015



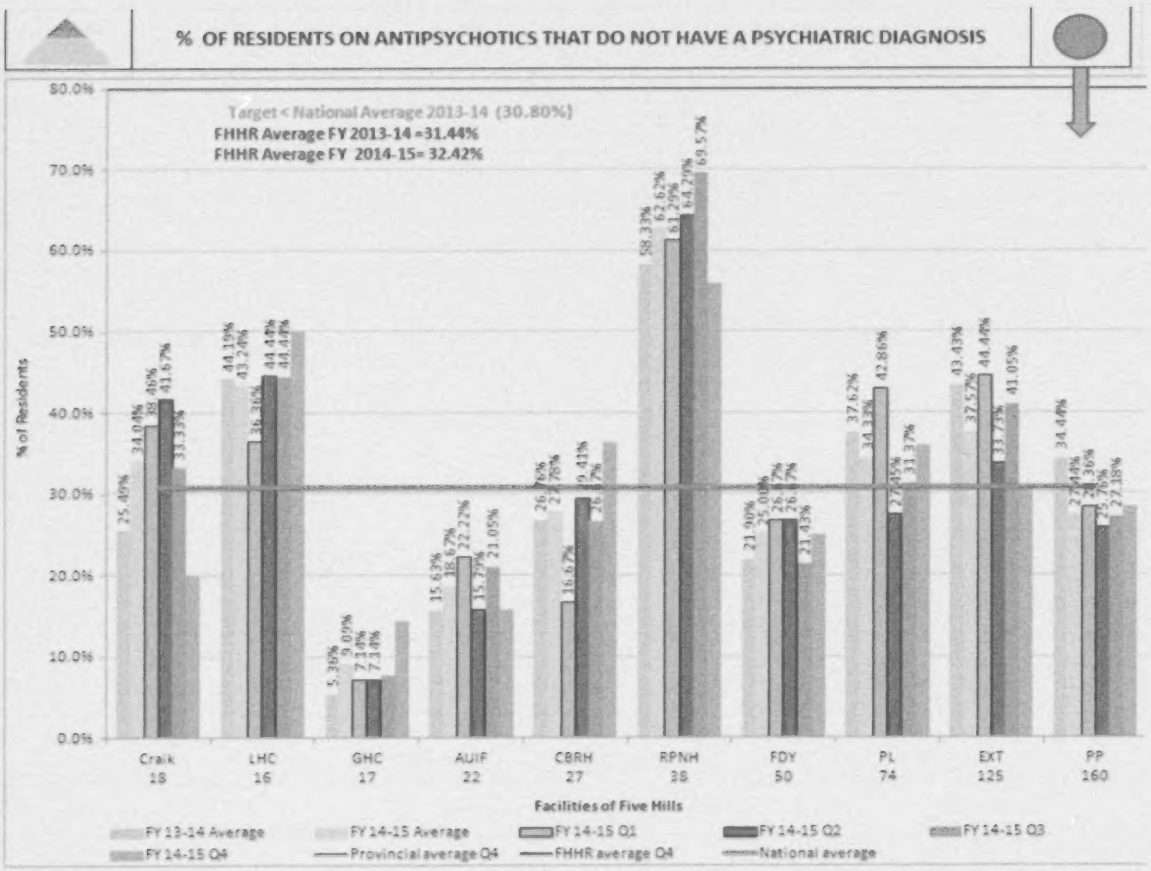


Quality

Provincial Five Year Outcomes: By March 31, 2020, seniors who require community support can remain at home as long as possible, enabling them to safely progress into other care options as needs change

Provincial Five Year Targets: By March 31, 2015, increase home care utilization and clients in the three pilot regional health authorities by 5%

Service Line Goal: 6 specific quality indicators are maintained at rates better than the provincial quarterly average: restraints, use of antipsychotics, pain worsened, new pressure ulcer, pressure ulcer worsened, incontinence worsened



Quality

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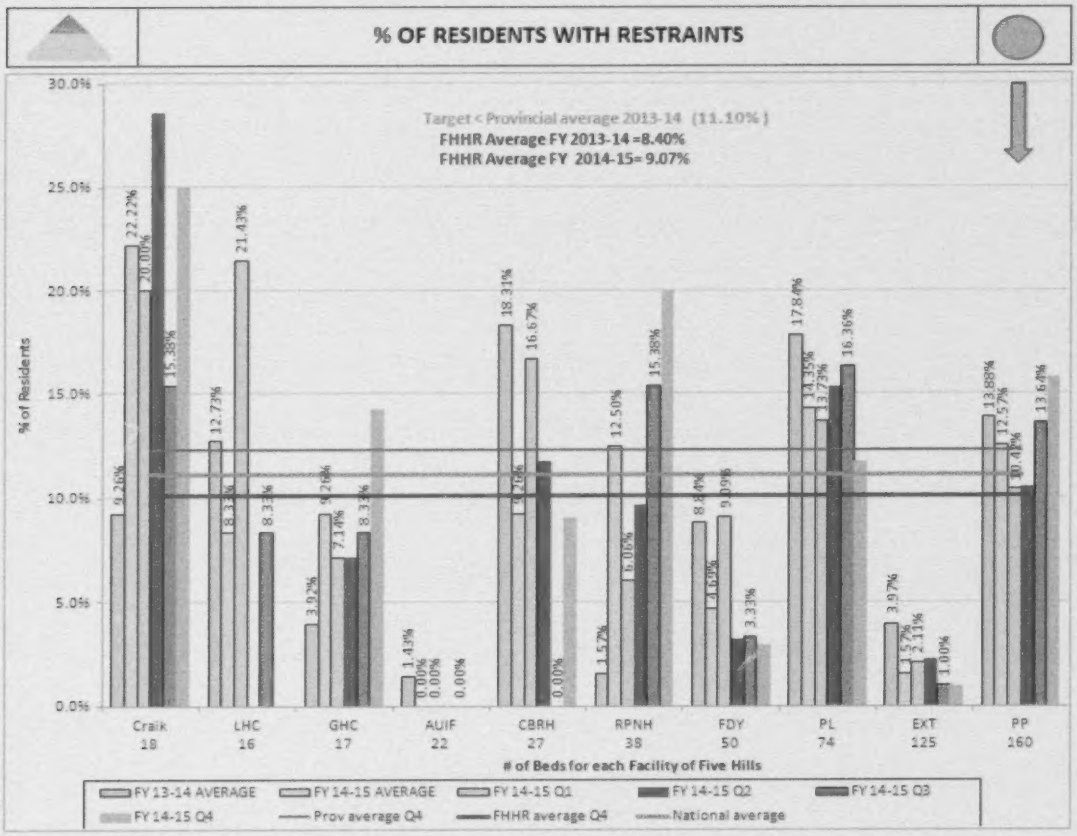
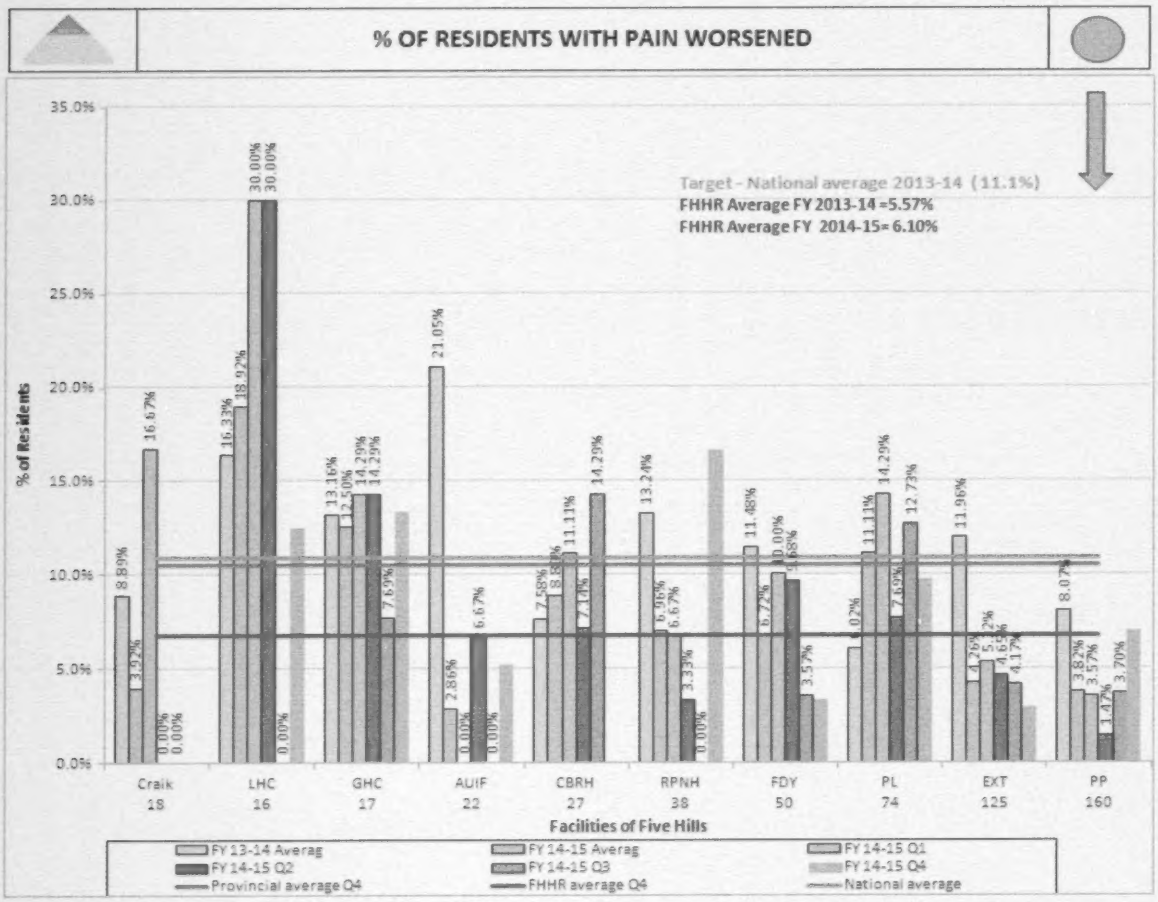


Quality

Service Line Goal: 6 specific quality indicators are maintained at rates better than the provincial quarterly average: restraints, use of antipsychotics, pain worsened, new pressure ulcer, pressure ulcer worsened, incontinence worsened



Quality

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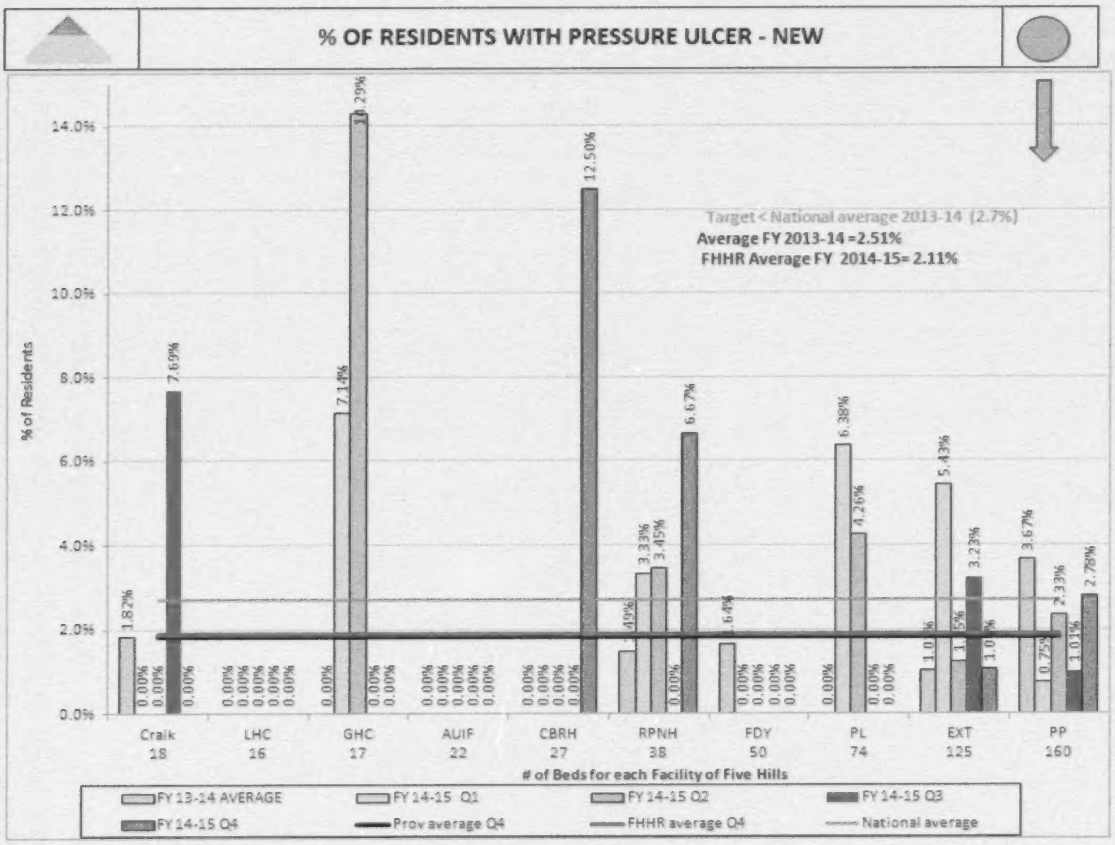

Quality

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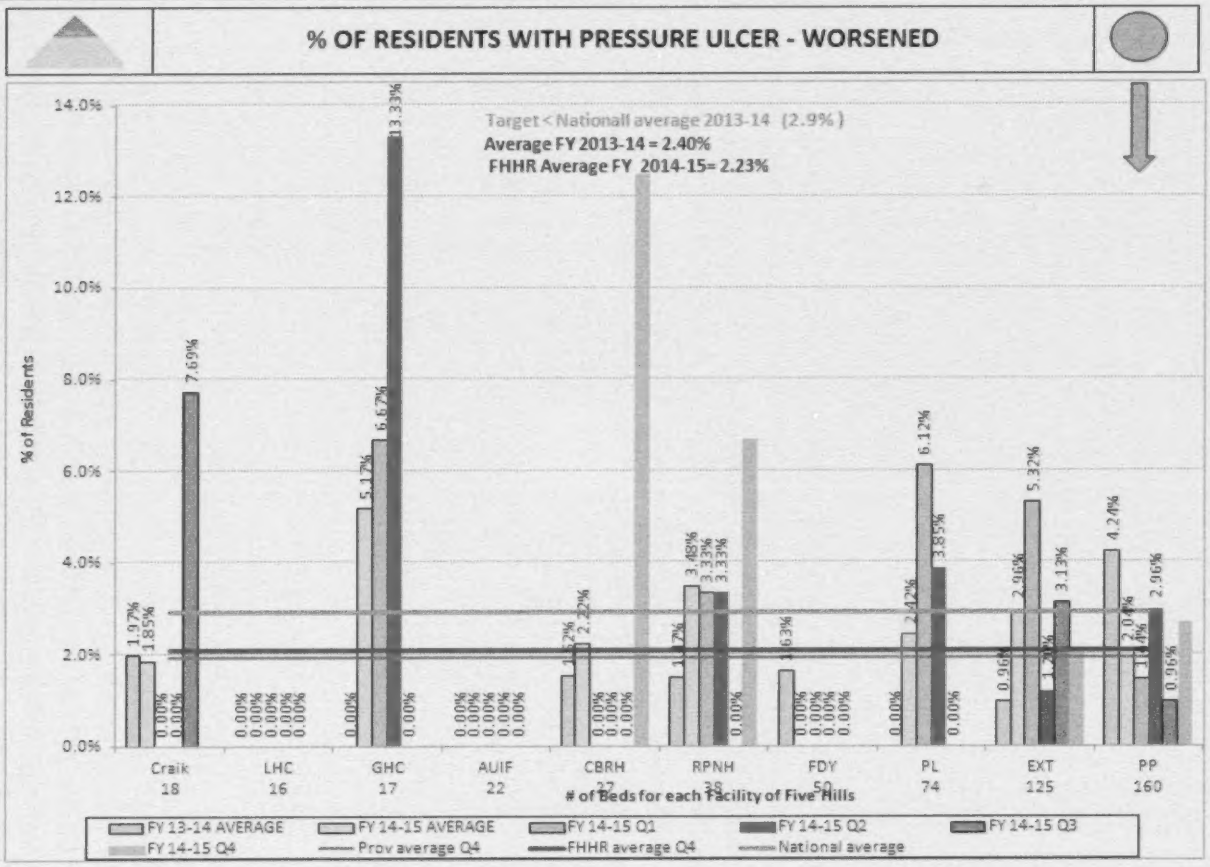
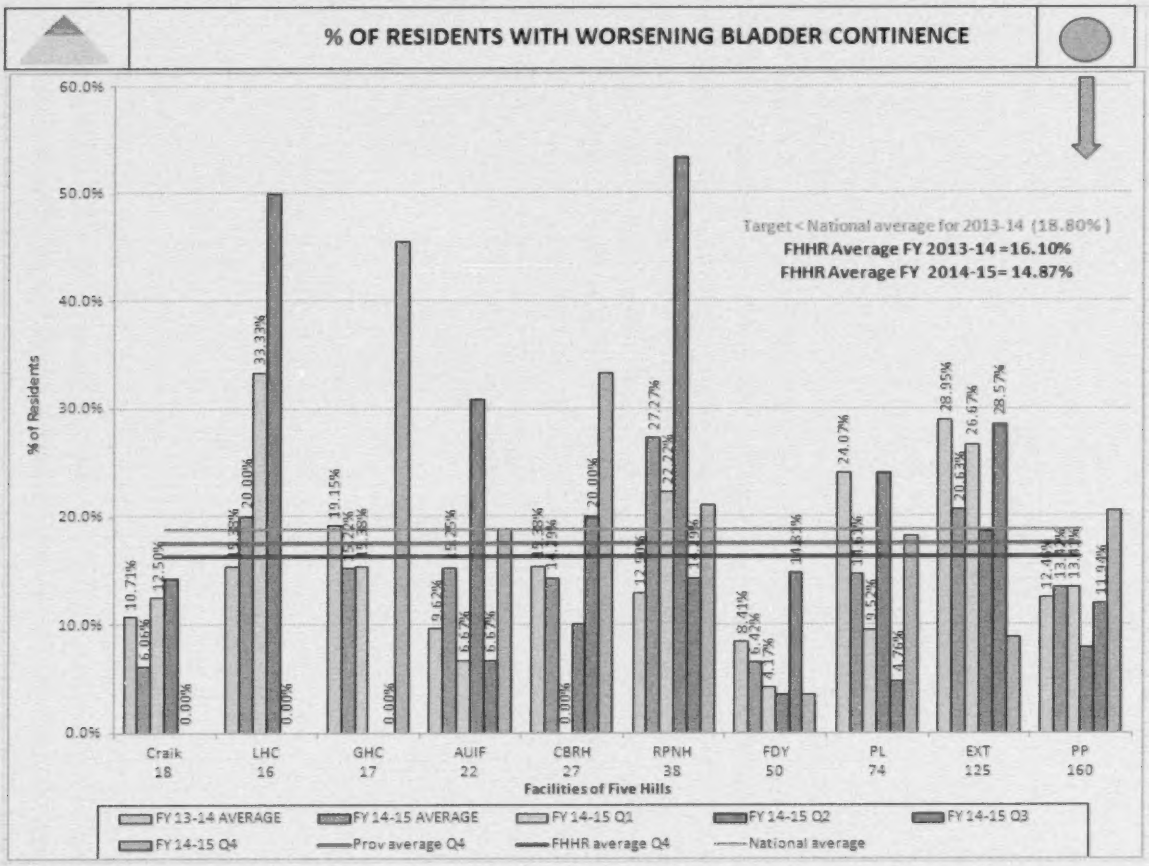


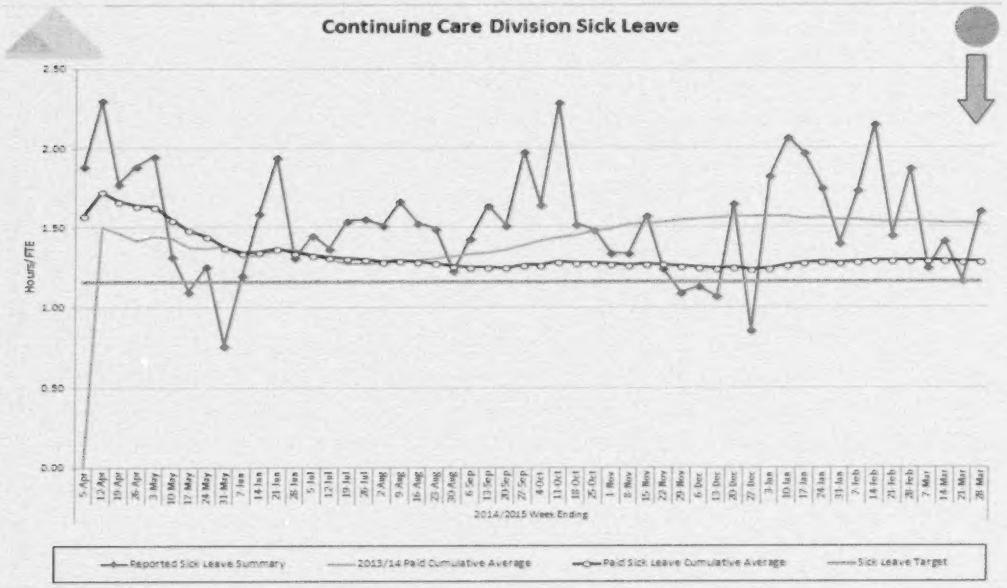
Quality

Service Line Goal: 6 specific quality indicators are maintained at rates better than the provincial quarterly average: restraints, use of antipsychotics, pain worsened, new pressure ulcer, pressure ulcer worsened, incontinence worsened

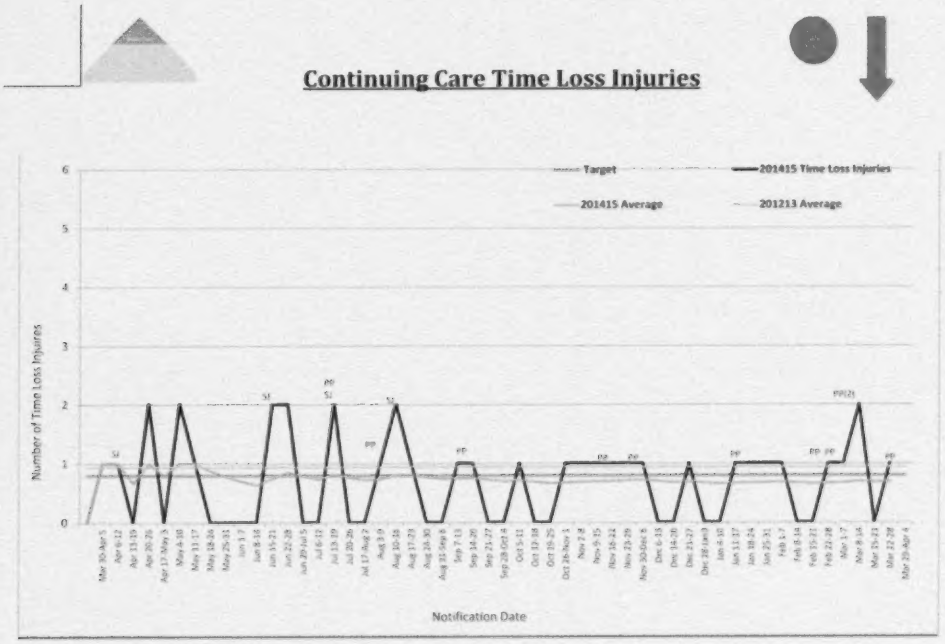


Cost

Service Line Goal: By March 2015, Continuing Care sick leave utilization rates will be better than regional targets.



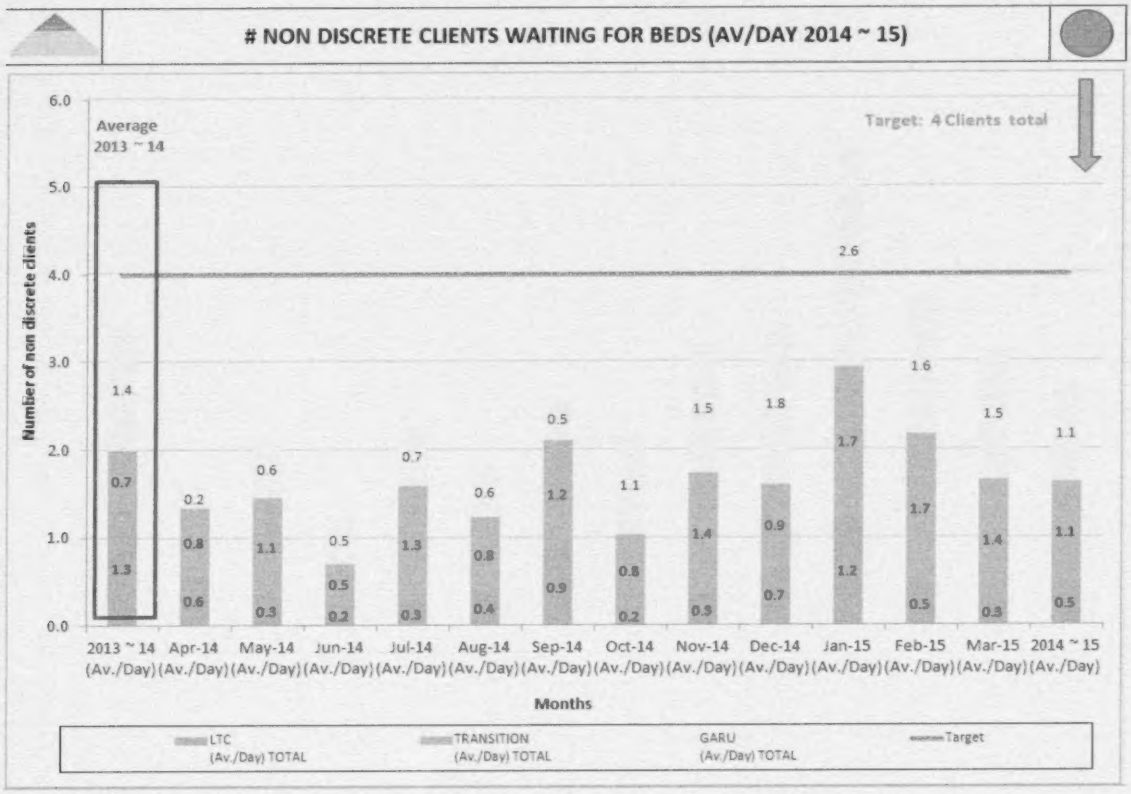
Service Line Goal: By March 2015, reduce the number of time loss injuries in Continuing Care by 15%



Delivery

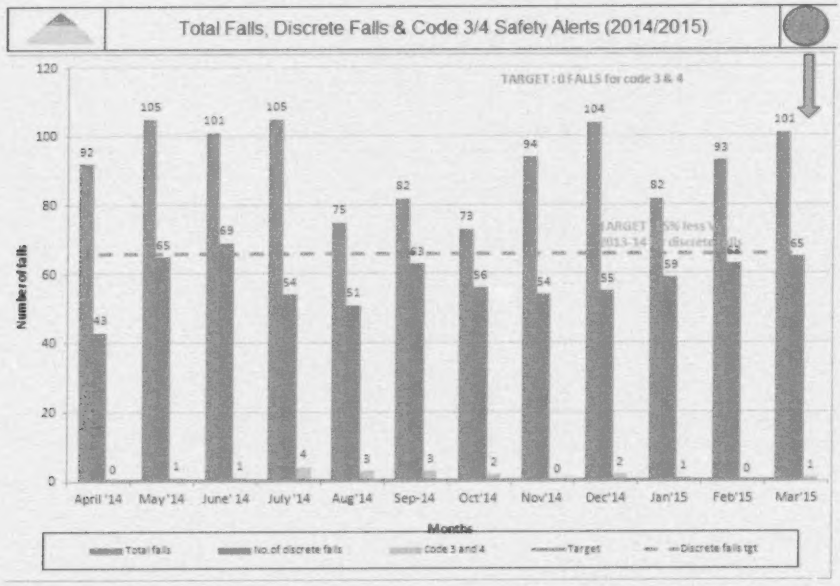
Service Line Goals: The Region will maintain less than a 2.5 Average Daily Census (ADC) of Long Term Care clients waiting placement from an acute care bed for 2014-15

The Region will maintain less than a 2.5 Average Daily Census (ADC) of Long Term Care clients waiting placement from an acute care bed for Transition or Geriatric Assessment Rehabilitation Unit (GARU) beds for 2014-15

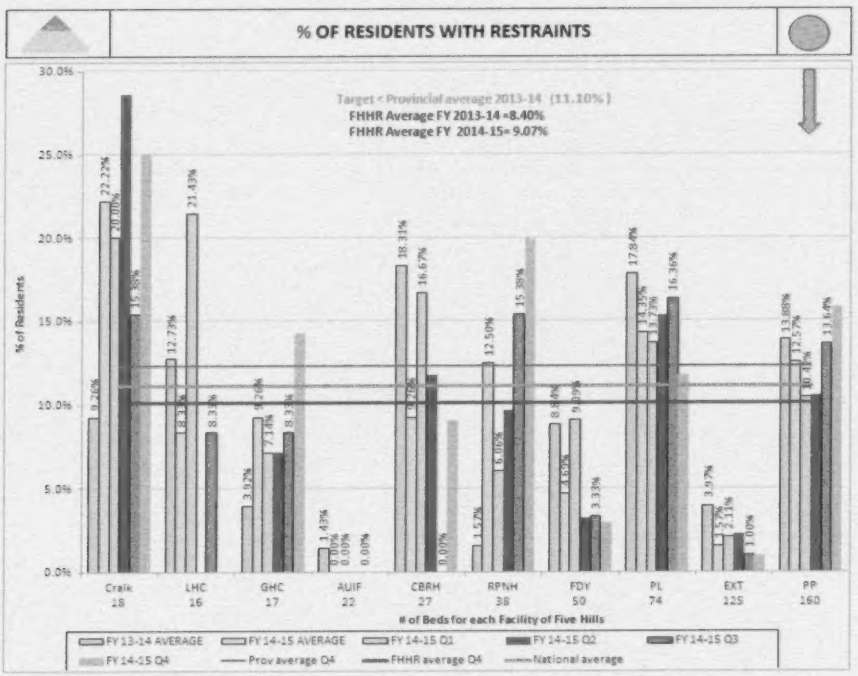


Safety

Service Line Goal: Reduce the number of discreet client falls in Long Term Care by 15%.



Service Line Goals: As a counter measure to falls, maintain % of use of daily restraints below the Provincial average for 2014-15 with a Regional target of 10%.

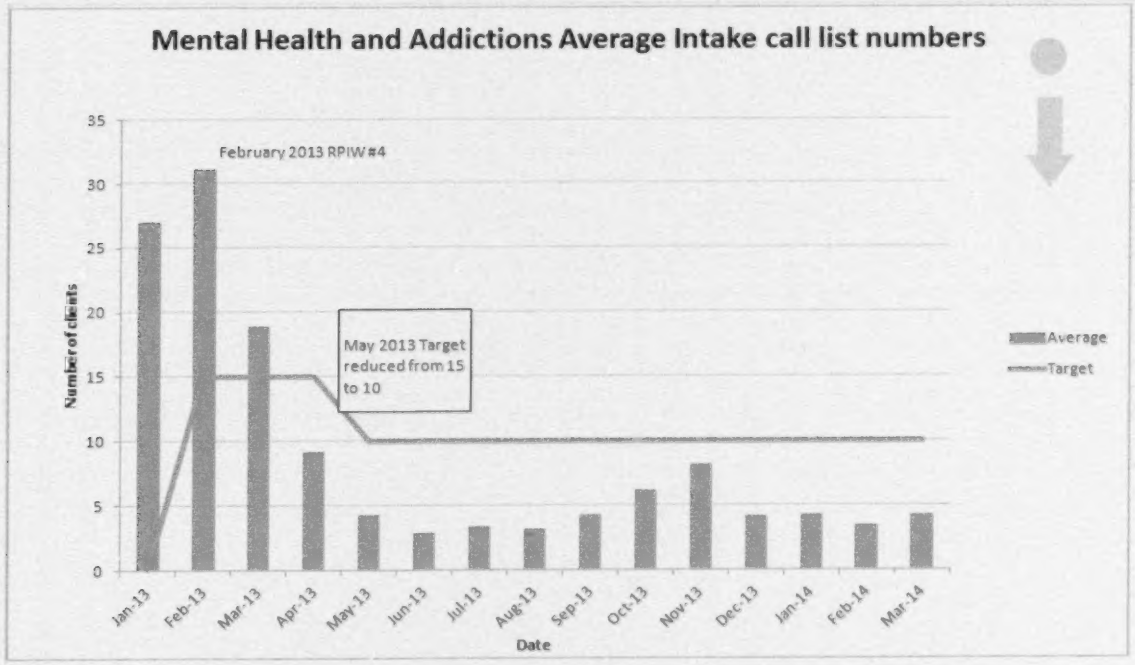


Quality

Provincial Outcomes:

By 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to 6 common chronic conditions [Diabetes, Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), Depression and Asthma].

By March 2019, there will be increased access to quality mental health and addiction services, which includes residential and community support for invididuals with complex mental health needs and decrease wait times for outpatient and psychiatry services.



Quality

Provincial Five Year Targets: By March 2017, there will be a 50% improvement in the number of people who say "I can access my Primary Heatlh Care (PHC) Team for care on my day of choice either in person, on the phone or via other technology."

By March 31, 2020, 80% of patients with 6 common chronic conditions [Diabetes, Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), Depression and Asthma] are receiving best practice care as evidenced by the completion of provincial templates available through approved electronic medical records (EMR) and the eHR (electronic health record) viewer.

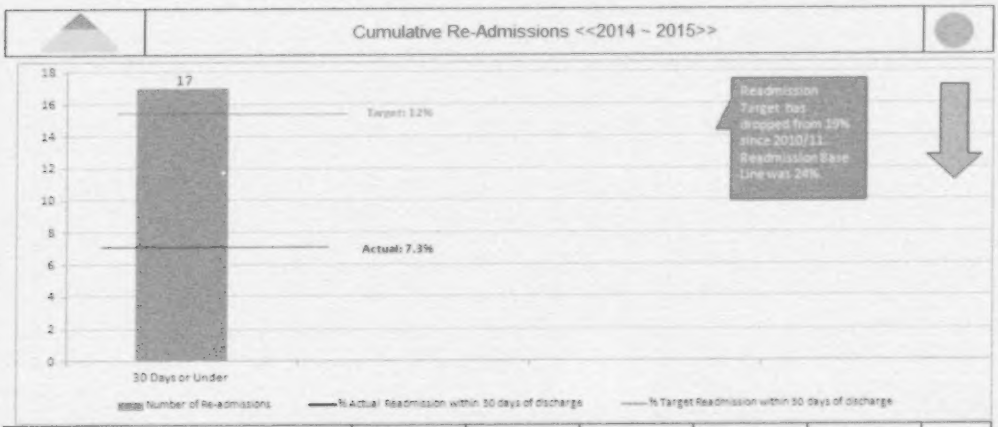
Service Line Goal: By March 31, 2015 client satisfaction will be greater than 85%.

Quality

Service Line Goal: By March 31, 2015 reduce re-hospitalization by 20%.

Five Hills Health Region
Mental Health/Addictions Services
Inpatient Re-Admission Report

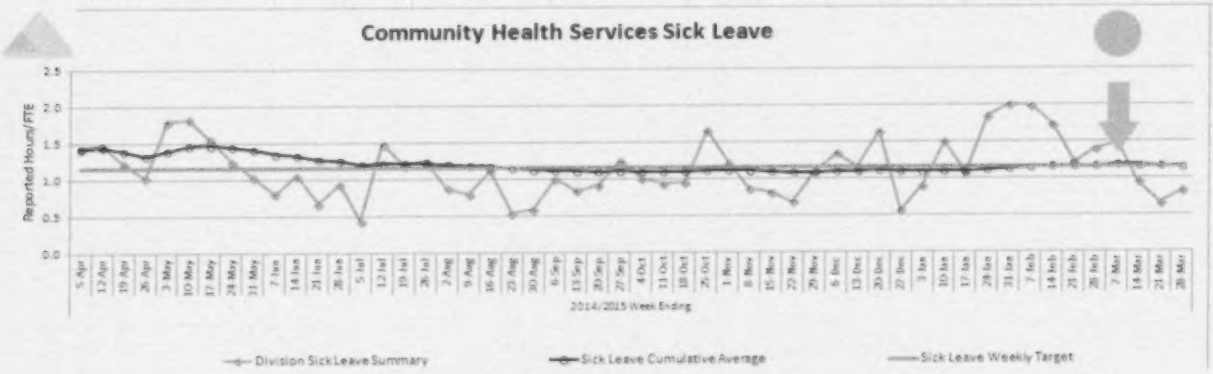
Updated: April 13, 2015



	30 Days or					
Number of Re-admissions	17					
Total admissions (2014 ~ 2015)	233					
% **Actual** Readmission within 30 days of discharge	7.0					
% **Target** Readmission within 30 days of discharge	12					

Cost

Service Line Goal: By March 31, 2015 sick leave will meet or be below service line target.



Delivery

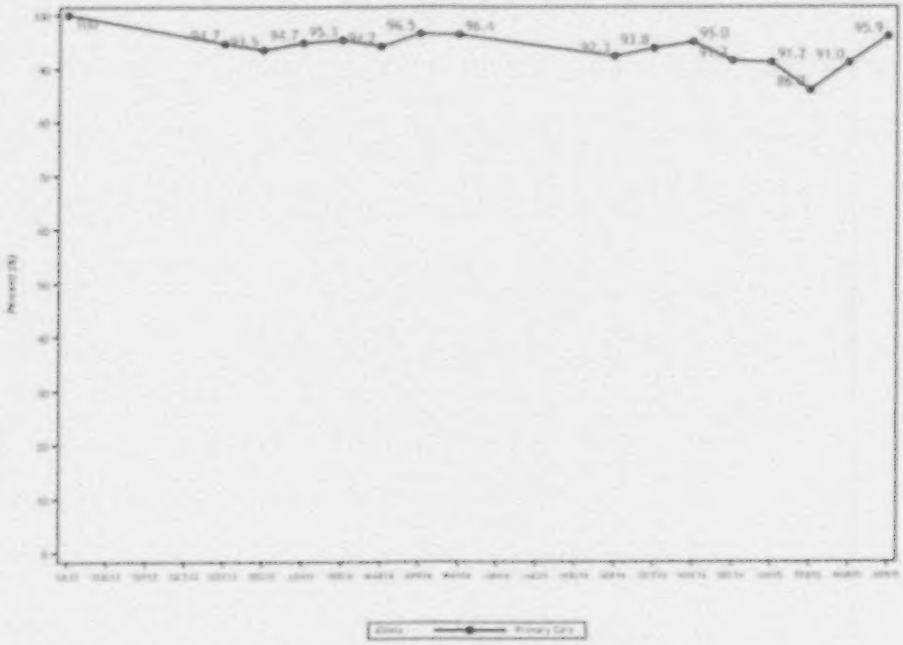
Provincial Outcomes: By March 2019, there will be an increased access to quality mental health and addiction services, which includes residential and community support for individuals with complex mental health needs and decrease wait times for outpatient and psychiatry services.

Provincial Five Year Targets: By March 31, 2017 there will be 120 supportive housing beds for complex needs mental health clients.

By March 2017 there will be a 50% improvement in the number of people who say "I can access my Primary Care (PHC) Team for care on my day of choice either in person, on the phone or via other technology".

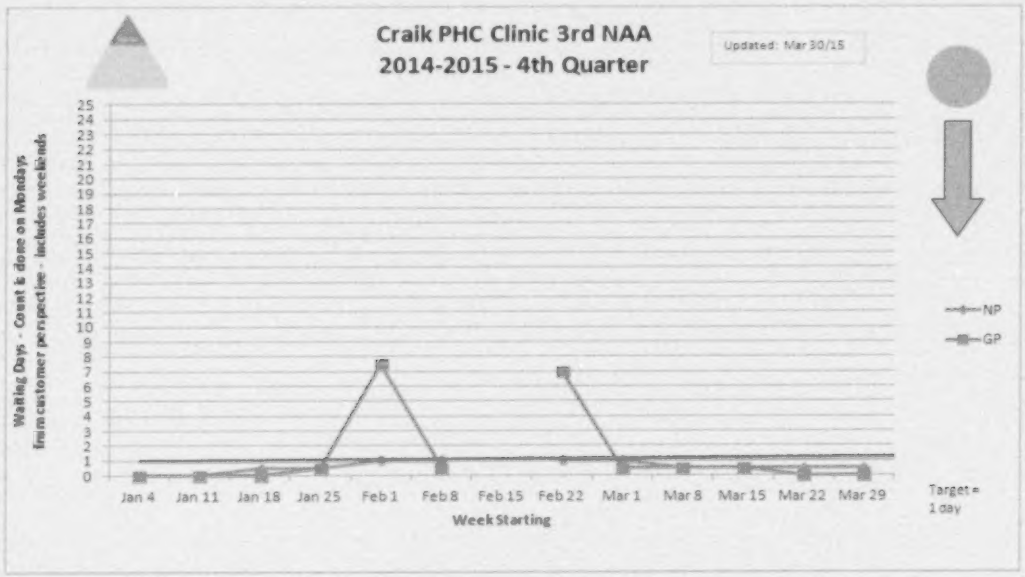
Patient Experience Results for Five Hills

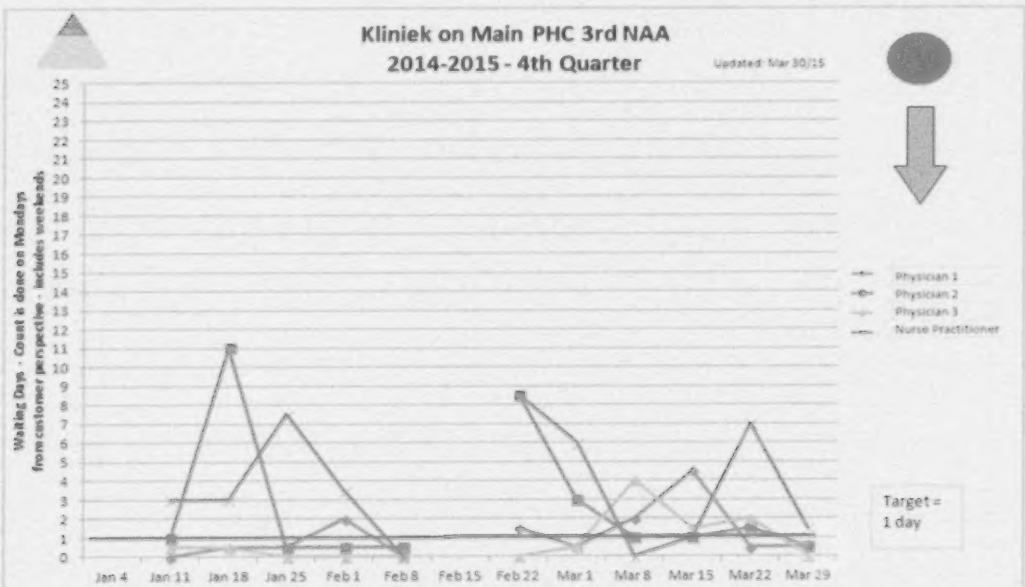
Proportion of patients reporting they were able to get an appointment on their day of choice



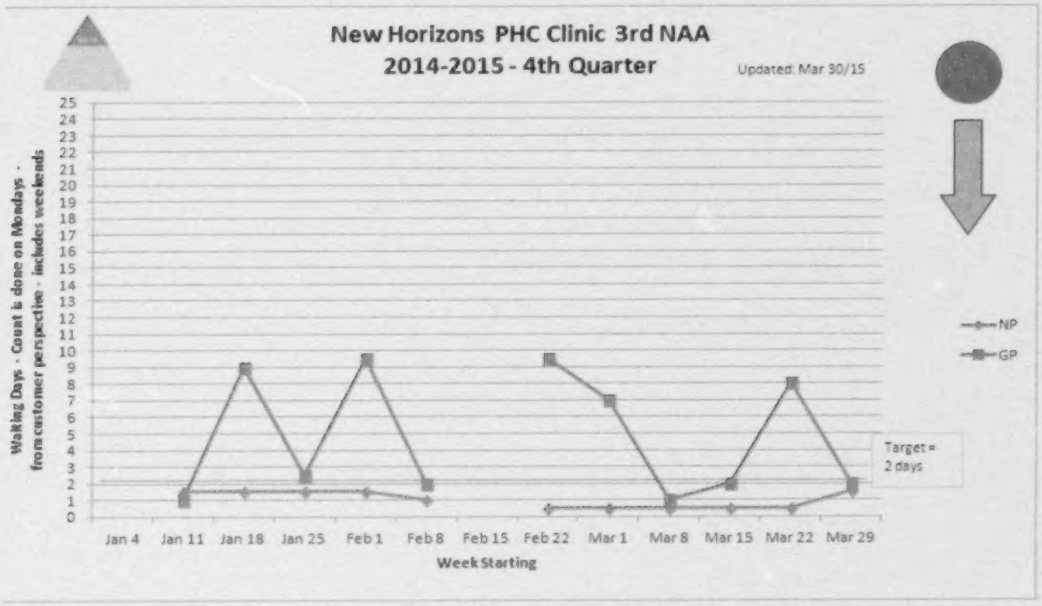
Delivery

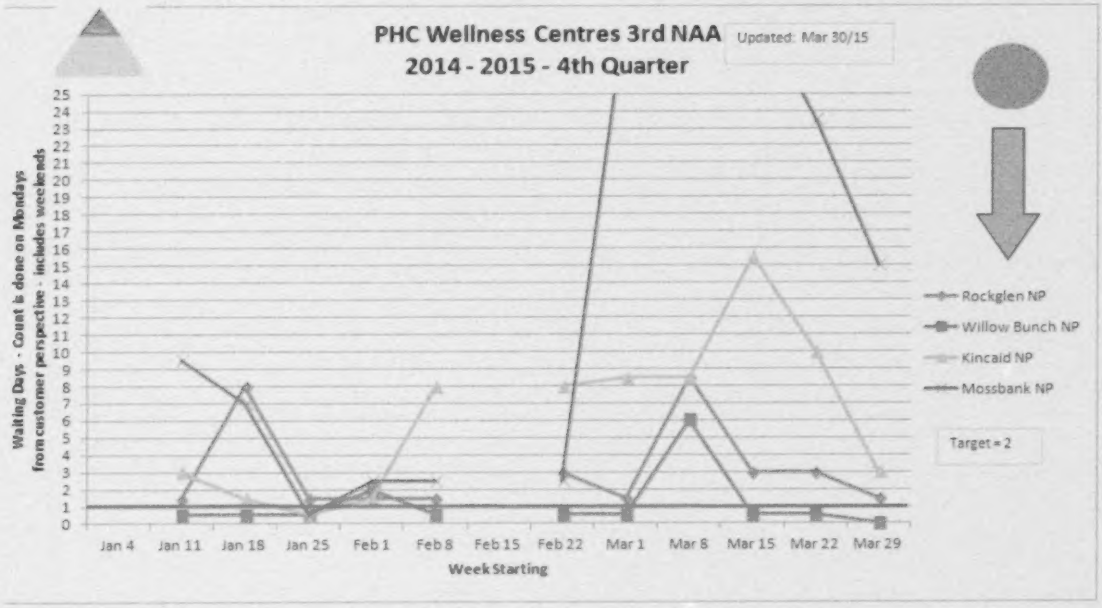
Note: The charts below measure patient access by charting the "3rd next available appointment" which is accepted to be the most realistic measure of true level of patient access to care.





Delivery

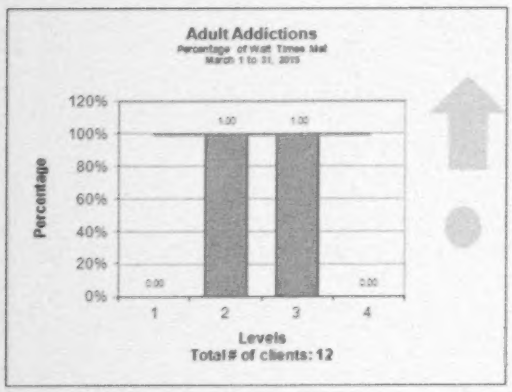

New Horizons PHC Clinic 3rd NAA
2014-2015 - 4th Quarter
Updated: Mar 30/15
Walking Days - Count is done on Mondays - from customer perspective - includes weekends
Week Starting
Jan 4
Jan 11
Jan 18
Jan 25
Feb 1
Feb 8
Feb 15
Feb 22
Mar 1
Mar 8
Mar 15
Mar 22
Mar 29
NP
GP
Target = 2 days

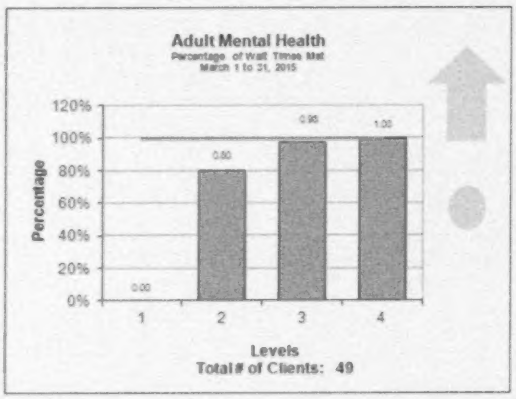

PHC Wellness Centres 3rd NAA
2014 - 2015 - 4th Quarter
Updated: Mar 30/15
Walking Days - Count is done on Mondays from customer perspective - includes weekends
Week Starting
Jan 4
Jan 11
Jan 18
Jan 25
Feb 1
Feb 8
Feb 15
Feb 22
Mar 1
Mar 8
Mar 15
Mar 22
Mar 29
Rockglen NP
Willow Bunch NP
Kincaid NP
Mossbank NP
Target = 2

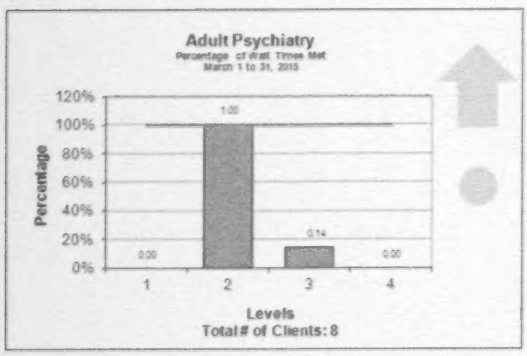
Delivery

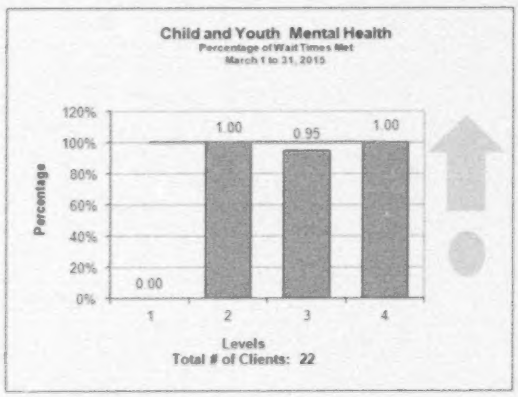
Service Line Goal: By March 31, 2015 wait times meet identified targets.

Provincial Target:
Level 1 (Very Severe) is 24 hours; Level 2 (Severe) is 5 days;
Level 3 (Moderate) is 20 working days; Level 4 (Mild) is 30 working days



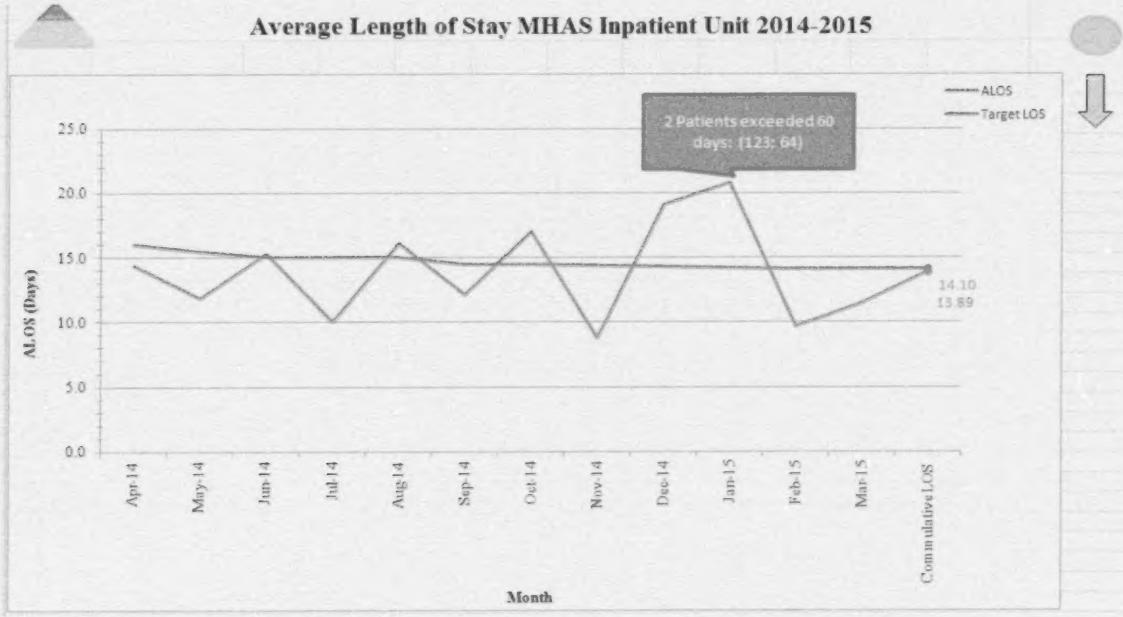




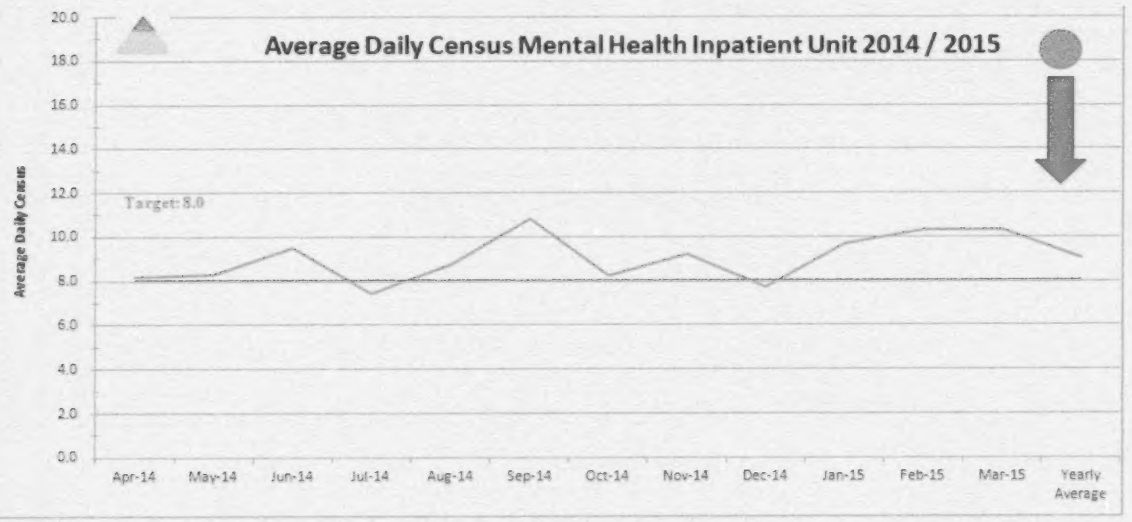


Delivery

Service Line Goal: By March 31, 2015 reduce average length of stay to 11.5 days.



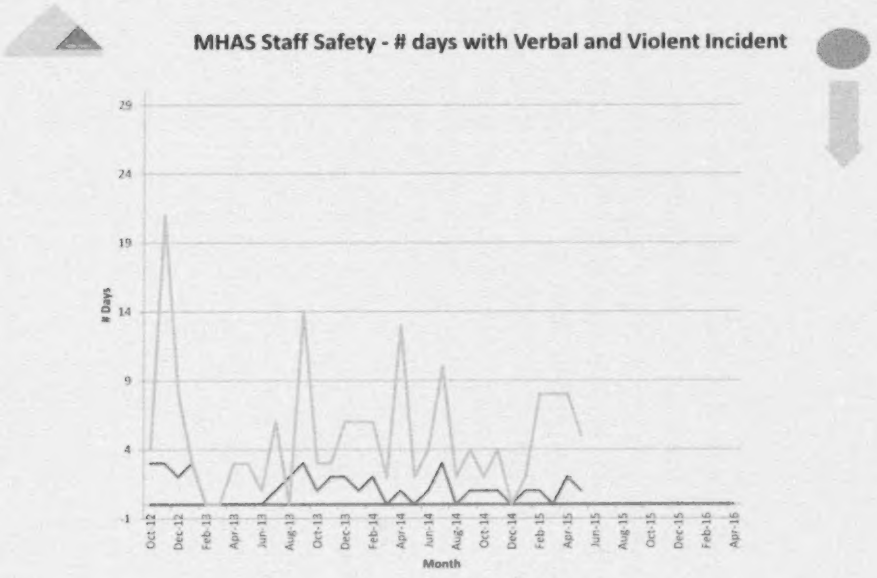
Service Line Goal: By March 31, 2015 reduce the average daily census to 8.



Safety

Service Line Goals: Develop culture of reporting near misses and actual incidents

All staff will be updated in required Occupational Health and Safety Training



Progress in 2014-2015

Over the past year, significant focus was placed on the Region's **Values and Principles** which guide the delivery of health care services in Five Hills Health Region. Each value is defined by operating principles:

Respect

- Valuing and honouring each other's perspectives, diverse beliefs and choices
- Being compassionate and treating each other with dignity
- Honouring fairness and confidentiality
- Recognizing and celebrating contributions of others

Engagement

- Collaborating with clients, providers and stakeholders to achieve the best possible health outcomes
- Actively engaging clients, providers and community stakeholders in the health planning, delivery and evaluation of health services

Excellence

- Learning and improving as individuals and as a system in the relentless pursuit of service excellence, quality and safety
- Achieving a high performing health care system through continuous innovation
- Focusing on care outcomes informed by evidence and sound judgement
- Leading with vision and the courage to do what's right

Transparency

- Building trust through open honest communication
- Providing useful evidenced-based information about health care services
- Disclosing the information about the planning and performance of our Health Region

Accountability

- Demonstrating integrity, ethical behaviour and responsibility for our actions
- Monitoring, evaluating and reporting the performance of our Health Region
- Thinking and acting as an integrated system in the provision of services responsive to citizen and community needs
- Being good stewards of the resources entrusted to the Health Region

The following is a summary of the major initiatives undertaken in the 2014-2015 year.

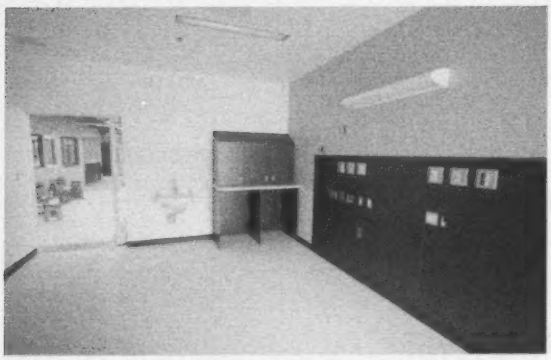
New Regional Hospital

On August 30, 2011, the Minister of Health announced that Moose Jaw would be home to an "innovative new regional hospital that will enable better, safer service for the city and surrounding area".

Construction of the new Regional Hospital has progressed well. Construction completion will be achieved in early June 2015 with commissioning work to be completed by early August 2015. Transition into our new Regional Hospital is scheduled over the summer months. The project is on budget.

Transition and operational readiness will begin in September of 2015 and will continue through to our targeted move-in date of early fall 2015. Orientation, training and operational readiness simulation work will be conducted from late July to September. A detailed plan has been developed for the coordination and execution of the physical move to the new regional hospital.

To see the live site web cam as well as more information and pictures please visit:
http://www.fhhr.ca/NewHospital.htm



Typical Private Inpatient Room

Corridor, Level 3 – Paediatrics, Labour & Delivery, Surgery

Nursing Flow Station

Live Webcam Shot

Kaizen Promotion Office

The **Kaizen (Ky-zan) Promotion Office (KPO)** leads the Five Hills Health Region's **Lean Management System**. Lean is a patient-first approach that puts the needs and values of patients and families at the forefront and uses proven methods to continuously improve the health system. It is unique in that it engages and empowers employees to generate and implement innovative solutions, and to fundamentally improve the patient experience on an ongoing basis.

Kaizen is a Japanese term that means "continuous incremental improvement".

The KPO has several responsibilities – coordinate the organizational Kaizen efforts; track organizational progress; reporting to the Ministry; education, training and coaching; Kaizen integration and maintenance of standards; and to support non-kaizen operations team kaizen work as required.

Rapid Process Improvement Workshop (RPIW)

In addition to the strategies mentioned in this document, which focus on making improvements to the health of the population and individual care, we in Five Hills Health Region are very focused on the planning and development of our new regional hospital.

Not only will our staff and physicians be working in a new building, they will also be delivering care in an unprecedented manner where multiple services will be brought directly to the patient, rather than the patient seeking multiple services throughout the hospital. These changes are not easy ones and involve changes in mindset and process for our staff, physicians and patients. Part of the way we are trying to implement new, more efficient, patient-friendly ways of delivering care is through ***Rapid Process Improvement Workshops*** or ***"RPIW".***

An RPIW is an improvement workshop that is meant to pull together multiple employees from the Region, and clients who have experience in the health system, to analyze and improve a complex, common process. The operational goal of an RPIW is to create a more reliable, efficient, patient-driven process. When successful, an RPIW leads to higher quality care with less time, energy and resources required to make the process smooth. The patient is always the focal point in the analysis and redesign.

RPIWs are also educational events. Participants are instructed on how to understand a complex process in new ways, in order to draw upon the upstream and downstream components, to strengthen their own performance and to see the department in which they work in new ways. This positions participants to lead further change efforts.

Five Hills Health Region has taken on numerous RPIW projects that are expected to continue well into 2015-16. There were 21 RPIWs undertaken in 2014-15:

#28 Reduce lead time from first physician contact to discharge by 25% for Canadian Triage and Acuity Scale (CTAS) 3/4/5 patients in Emergency Room (ER) Department

- Implemented a fast track protocol and criteria to flow low-acuity patients through ER during busy times.
- Created a holding area for patients that are close to discharge to free up beds when the ER is busy.

- Identified triggers and developed a response mechanism for the ER team to act when it is getting busy.
- Introduced communication boards in patient rooms to promote enhanced patient/provider communications.

#29 ***Eliminate defects in the handoff processes from Day Surgery to the Operating Room (OR) and reduce lead time for scope patients by 50%***

- The team trialed the utilization of an electronic endoscopy checklist through OR Manager that reduced the cycle time in Day Surgery for pre-op check in from 22:23 to 7:11.
- The team also changed the amount of time patients are asked to come ahead of their procedure time- from 90 minutes to 60 minutes- saving patients 30 minutes of unnecessary wait time

#30 ***Eliminate defects in process of creating a dietary tray for patients on Surgery***

- This week we were able to eliminate the diet clerk delivering menus, allowing them to stay in the office and receive phone calls and make diet changes. We also were able to eliminate one staff member for the belt line and recreate how the belt line runs by load leveling.
- By load leveling we were able to free up one staff member to do other duties like wrapping silverware.
- We have now gone from delivering menus a day ahead to just before their meal giving the patient a more real time menu selection.
- We have eliminated the "Blue Books" which is where all the diet changes were made, and we created a computer program for both diet clerks and ward clerks to communicate diet changes. This has made it a lot faster for the diet clerk because as changes are made she sees them right away and can make the corrections.

#31 ***Reducing Extra Registered Nurse (RN) visits for Med-Assist clients that are due to defects***

- Single Pharmacy with deliveries of pouch pack system for Med-assist clients (moved away from RN-stocked dosettes)
- Process changes and work standards developed for all cross-functional team members: for Continuing Care Aides, Nurses, Community Care Coordinators/Intake Coordinators, Home Care admin staff and physicians.

#32 ***Reduce lead time from patient presenting at Registration to nurse and physician initial assessments complete by 50% for CTAS 3, 4 and 5***

- Point of care registration started for patients visiting ER
- Changed the Triage to be a duty instead of a role and introduced Primary care nursing model
- Introduced Clinical Decision Area for stable patients
- Introduced Rapid Admission Process for admission to Inpatient units
- All dressing supplies at one place in cart.
- Monitor rooms closer to central working station of Doctors
- Labels printing in ER
- Re-lay outing of room-7
- Mobility assessment on Triage note
- Continue Plan Do Check Acts (PDCAs) to achieve ideal Standard Work in Progress (SWIP)

#33 ***Reduce lead time between clients leaving after appointment to when all documentation is complete for the client's appointment by 50%***

- The team was able to go to an electronic method for collecting and storing all client records. By using technology already available the electronic the RPIW was able to eliminate paper charts and filing for the clerical staff. Mistake proofing the current process eliminated the need for long waits for charts to be updated.

#34 ***Reduce the number of unnecessary Home Care RN visits for Wound Care and IV treatments***

- Pre assessment of patient ability and patient teaching on self-management of simple post-surgical wounds standards and tools put in place.
- A iPhone app for taking pictures and measurements for wounds to allow for better standard documentation, a patient teaching tool, and an algorithm.

#35 ***Develop Integrated Care Processes for Medicine and Mental Health Inpatient in use of Shared Care Beds***

- When a shared care patient is identified on Medicine the Mental Health Nurse will come to Medicine to do their admission assessment
- "Pull" Nurses are identified daily and communication will take place for any shared care Patients
- Medicine Unit Team Lead will attend Grand Rounds on Mental Health weekly to discuss shared care Patients
- Mental Health will use MEWS (Early Warning Score) graphic sheet to record Patient vital signs which will allow them to be consistent with all units in Moose Jaw Union Hospital.

#36 ***Increase Safety Alerts with completed root cause analysis and corrective action plan identified within 24 hours to 100%***

- There were 4 main project teams working during the RPIW event week:
  1. Team 1- created a new "Root Cause Analysis & Corrective Action plan" tool that will enable Directors, Managers and frontline staff to better understand why the issue occurred and what can be done to prevent it from happening again (Mistake Proofing).
  2. Team 2- focused on developing an "escalation" protocol that would provide frontline staff with clear guidelines around what to do when a safety alert occurs and who to contact if the severity is such that you as a frontline staff member can't fix the problem yourself.
  3. Team 3- Developed new processes that will expedite how quickly Multi-disciplinary Event Reviews (MERs) can occur for code 3 & 4 safety alerts;
  4. Team 4- developed a colour-coded Patient Safety Alert form that will make it simpler for frontline staff to fill out alert forms and reduce the number of alerts coming to the KPO filled out incorrect/incomplete.

#37 ***Develop support services (Housekeeping, Materials Management, Nutrition & Food Services) delivery model for Surgery Unit.***

- Team worked on pass-through cupboard supplies which will exist in new hospital in each patient room. Team made them standardized and proposed few ideas which can be kitted to reduce nurses walking per day.
- Team did trial of bulk delivery of food to patient for breakfast and lunch and did patient survey to get their feedback.

- We introduced a final check in the unit before actual delivering the food to patients as most patients' diet status changes in surgery unit after doctors' rounds in morning. This helped the dietary to delivery right meal to right patient.
- Team trailed the role of support service person. How she should work as an integrated team member with the unit.

#38 ***Reducing non-value added time by 25% for patients arriving in Day Surgery to Discharge.***

- Introduced colour card andon (visual cue) to indicate the appropriate number of patients to be in the process to be pulled in.
- Trialed having nursing patient assignments in Day Surgery.
- Trialed mock up simulations of future state with new layout and team assignments.
- Developed a single document to be used across all areas for charting.

#39 ***Integrate methadone, metabolic, depot and needle exchange program with laboratory services at CVC and reduce required treatment room space by 25%.***

- By focusing on the 7 flows, with patient flow at the centre of the plan, the team was able to design a space that is patient-focused while also integrating staff that are currently spread out all over the city into one centralized location. This integration of staff and services provides opportunities to create new effective and efficient services that will better benefit patient and client care.

#40 ***Integrate Home Care Outpatient, Mental Health & Addictions, Primary Health Care, and Teen Wellness services at Crescent View Clinic and increase shared treatment space by 100%***

- Design work looked at how many treatment rooms would be needed and how spaces could be shared between the various services to maximize utilization and cut down on the total number of treatment spaces that would be needed.
- The alignment of the departments also opens up opportunities for better information sharing amongst providers, potential cross training of staff, and overall more opportunities for new efficiencies and process improvement to take place that will directly benefit patients and staff.

#41 ***Develop co-location of Home Care, Continuing Care Aides, Access Centre & Community Therapy services at Crescent View Clinic and reduce space utilization by 25%***

- The team worked hard at designing a space that better co-located these services within the new CVC space.
- As a result of the physical design there will be increased opportunities for staff within these departments to work cooperatively/collaboratively. This will reduce defects in communication, increase shared care opportunities between services, and better the patient experience through more effective information sharing and less hand offs in care.

#42 ***Increase 50% of mothers receiving Maternal Visiting Program (MVP) nurse home visit within 32 hours***

- Maternal Visiting Program (MVP) Nurse start their day by attending report in Women's Health Unit (WHU) at 7:30 after that she will attend Public Health (PH) huddle on teleconference and then do the rounds in patient's room.
- MVP form is revamped to get the information at one place by WHU nurses and will go into client chart. This helps the MVP nurses to do their prep before entering into patient's room.
- All client stats will be now entered into electronic spread sheet in real time.

- As per policy new work standards are written to offer Tdap (Tetatnus, Diphtheria, Pertussis Vaccine) at home to mothers and another family member who are involved in infants care.
- MVP bag and Anaphylaxis kits supplies are reduced from 23lbs to 9lbs for Nurses to carry with them during home visit after discussion with Senior Medical Officer and standards.
- In Hospital Birth Questionnaire will be now completed by WHU nurses at the time of discharge and directly sent to Early Childhood Program.

#43 To increase the Continuing Care Aide (CCA) capacity by 10%

- Reduction in the total travel time
- Create regular shifts for CCA staff
- Create team working & continuity of providers
- Right amount of time for right service
- Standardized travel and break times

#44 Develop a standard scheduling process for services in new Universal Care Unit

- All the services using a paper schedule will start using a standard schedule that mimics the future computer system that will be built for in the new hospital. The new computer system will allow all departments to see which rooms are used to allow for flexing of space. The changes implemented will start the transition to the future program.
- Created a standard that Admitting will only send patients to Day Surgery to be prepped when they are ready to receive them. This way the patient can wait with family and not wait in a gown.

#45 Reduce lead time by 91% from picking of the case cart in Central Sterile Supply (CSS) to set-up in OR theater; Reduce lead time by 10% from OR theater turnover to CSS prep & pack.

- Created a continuous, 1-piece, just-in-time flow of case carts.
- Created an immediate, 1-piece flow of case carts out of the OR and through to decontaminate in CSS.
- Developed several Standard Works and Work Standards.
- Established andons (visual cues) for Just in Time (JIT) pick and a decontaminate immediate response.
- Created a recommended new shift model.

#46 Reduce linen inventory by 50% on the Adult Medical Services (AMS)

- Daily usages on each cart is measured on four carts (1st East Medicine, 1st West Medicine, ICU and Mental Health Inpatient Unit) which will exist on same floor (level-2) in new hospital to adjust the inventory requirements.
- Distributing linen by different methods (go and check the laundry needed and then deliver, as well deliver linen by using Kanban card) is trialed during event week and measured.
- Scrubs from ICU carts are removed and placed in staff change room to mock up new hospital practice.
- 1st West linen cart is moved from hallway to Room 134.Considered as clean utility room as per new hospital design this also saves nurses walking 23% from furthest room and 36% from closest room to laundry cart.
- Staff found the "booties" which are currently used in other department of hospital to avoid trips and falls can be used in shower room to improve staff and patient safety.

- Black mesh bag is installed on each cart and work standard is created to put the defective linen in this bag which will be picked up by the laundry service worker and sent back to supplier either to fix it or take it out of the system.
- Process is developed by team about handling of socks as a standard practice.
- All chutes on Medicine floor were locked and Room 150 is mocked up as per new hospital design. This helped us to determine laundry usage on the unit as well as how much trips might be required by the environmental service worker to come pick up the dirty laundry.
- With the current supplier we are paying them as per weight of soiled linen cart. The new supplier will be paid per weight of clean linen received. There is no longer a need to weigh the soiled linen cart.

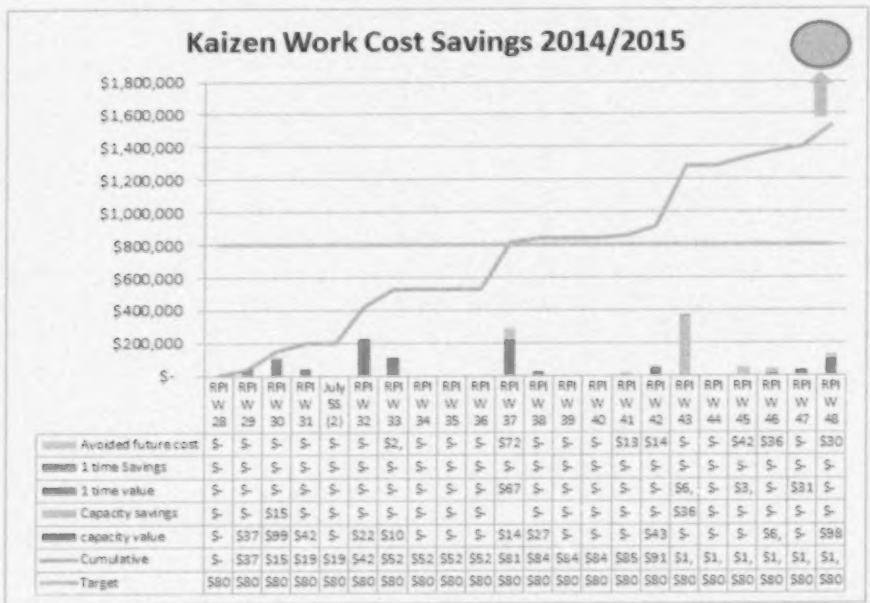
#47 Increase use of targeted date of transition and corresponding (D-) System by 50% on Inpatient Units at Moose Jaw Union Hospital

- Trialed bedside shift change nurse report on Surgery unit.
- Implemented new shift change nurse report on Paediatrics unit.
- Trialed bedside (multidisciplinary) patient care rounds on Surgery unit.
- Created a functional labour, delivery, post-partum and recovery patient room in the Women's Health Unit.
- Foundation for implementation of a system for Targeted date of Transition.

#48 Reduce the number of patients admitted to ER by 50% in Moose Jaw Union Hospital

- A visual board was developed showing the full hospital status at a glance.
- Management of capacity status is proactive and if a potential capacity issue is identified action is taken before it becomes a barrier for patient flow.
- With proactive management of bed capacity patients can be admitted directly to the unit they need and will not need to wait in ER until an appropriate bed is available

The following chart demonstrates cost savings recognized in the Region through RPIW events.



	RPI W 28	RPI W 29	RPI W 30	RPI W 31	July 5S (2)	RPI W 32	RPI W 33	RPI W 34	RPI W 35	RPI W 36	RPI W 37	RPI W 38	RPI W 39	RPI W 40	RPI W 41	RPI W 42	RPI W 43	RPI W 44	RPI W 45	RPI W 46	RPI W 47	RPI W 48
Avoided future cost	$-	$-	$-	$-	$-	$-	$2,	$-	$-	$-	$72	$-	$-	$-	$13	$14	$-	$-	$42	$36	$-	$30
1 time Savings	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-
1 time value	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-	$67	$-	$-	$-	$-	$-	$6,	$-	$3,	$-	$31	$-
Capacity savings	$-	$-	$15	$-	$-	$-	$-	$-	$-	$-		$-	$-	$-	$-	$-	$36	$-	$-	$-	$-	$-
capacity value	$-	$37	$99	$42	$-	$22	$10	$-	$-	$-	$14	$27	$-	$-	$-	$43	$-	$-	$-	$6,	$-	$98
Cumulative	$-	$37	$15	$19	$19	$42	$52	$52	$52	$52	$81	$84	$84	$84	$85	$91	$1,	$1,	$1,	$1,	$1,	$1,
Target	$80	$80	$80	$80	$80	$80	$80	$80	$80	$80	$80	$80	$80	$80	$80	$80	$80	$80	$80	$80	$80	$80

Patient-and Family-Centred Care

Patient-and Family-Centred Care (PFCC) advisors have become more visual in the region over the past year. We have been able to increase our visibility on the front line. We continue to focus on the hoshins and supporting our 4 "Betters".

An overview of our engagements follows:

- 23 PFCC advisors participated in improvement events (RPIWs & 3P);
- 2 advisors attended the provincial *Inspire* conference;
- 1 advisor has joined the PFCC Provincial Guiding Coalition;
- Including PFCC advisors in quarterly reviews; and
- Utilizing advisors/volunteers to assist in collection/completion of the new Health Quality Acute Patient Experience Survey.

As a member of the pilot group with the patient experience survey we were able to trial the survey in an electronic form which will ultimately result in our frontline staff being able to access and evaluate the results in a timely fashion on their unit and make a difference in their daily huddles.

Working as part of the provincial guiding coalition to patient/family centered care: we have also been involved in provincial working groups to:

- Create a patient and family advisor handbook/provincial public relations material;
- Standardize visitation restrictions in acute care;
- Develop a provincial Patient/Family advisor network; and
- Assist with human resource recruitment and staff development.

The following are a sample of quotes from PFCC advisors who have worked with us on improvement events:

"The hospital will be creating a more efficient process to standardize patient bed flow management. This will assist in creating a less stressful experience with a higher quality and safer outcome for patient and family members."

Kelly, Patient/Family Representative, RPIW # 48

"These changes won't solve all issues related to coordinated care and home support, but they have gone a long way toward making medication management a lot safer and more consistent for patients and their families."

Alison, Patient/Family Representative, RPIW #31

3S Health (Health Shared Services Saskatchewan)

3sHealth provides province-wide shared services to support Saskatchewan's healthcare system. Working together with our partners, we find innovative solutions to complex problems to help create a sustainable system for future generations. We place patients and their families at the centre of all that we do, working with our partners to improve quality and ensure patient safety.

The shared services we provide include payroll processing and employee benefits administration for over 42,000 healthcare system employees, as well as joint contracting for goods and services. We identify and provide new shared service opportunities to support better health, better care, better value, and better teams.

In 2014-15, 3sHealth developed five values that guide our work, priorities, and interactions with clients and stakeholders. They are:

- Collaboration
- Innovation
- Integrity and trust
- Transparency
- Bold and courageous leadership

In alignment with those values and together with the health regions and SCA, 3sHealth celebrated the following key achievements in 2014-15:

- Surpassed its five-year cost savings goal of $100 million for the healthcare system, saving over $110 million through collaboration and innovation in provincial contracting, linen savings, and other initiatives.
- Completed, in partnership with Regina Qu'Appelle Health Region and Wascana Rehabilitation Centre, a lean replication event that improved linen handling and inventory management in long-term care units.
- Worked with provincial contracting partners to create a product issue reporting process, ensuring safe, high-quality products are available for patient care across the healthcare system.
- Explored improvement opportunities in areas such as transcription services, the provincial supply chain, environmental services, medical laboratory services, medical imaging services, enterprise resource management, and enterprise risk management, focusing on the ways the system can work together to implement solutions that improve care for patients and their families.

3sHealth thanks its partners for their ongoing commitment to improving healthcare in Saskatchewan. We look forward to continuing our work in 2015-16 and making healthcare better together.

Management Report

May 27, 2015

Five Hills Health Region
Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Five Hills Regional Health Authority. The financial statements have been prepared in accordance with Canadian public sector accounting standards and the Financial Reporting Guide issued by the Ministry of Health, and of necessity includes amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

In 2015, the Authority continued capital project spending under a newly established shared ownership arrangement with the Ministry of Health. The Authority has followed the judgment and direction of the Ministry in accounting for its asset held under this arrangement on an apportioned net basis.

Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance and Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Cheryl Craig, BSN
President and Chief Executive Officer

Wayne Blazieko, CPA, CMA, MSA, B. Admin
Vice President, Finance and Chief Financial Officer

2014-2015 Financial Overview

The annual operating fund budget for 2014-15 was $154 (million). The actual operating fund revenues were $154.5M and operating fund expenses were $149.1M; resulting in an operating fund surplus of $5.4M (3.6% of operating expenses).

Overall, 94% of the operating fund revenue was provided by funding from the Ministry of Health. About 42% of the operating budget was spent on inpatient/resident services, 18% on community health, 17% on support services, 10% on physician compensation, 8% on diagnostic and therapeutic services and 5% on ambulatory care services. Approximately 89% of the annual budget was spent on salaries and benefits (includes grants to contractors).

The reasons for the overall favorable variance for the operating fund surplus are, in part, attributed to:

i) Higher income related to:
   - Other recoveries in various areas ($.53M).

ii) Lower expenses related to:
   - utilities favorable pricing (natural gas $.24M and other $.13M);
   - drugs ($.45M);
   - medical and surgical ($..44M);
   - prostheses ($.30M) and;
   - laboratory and radiology supplies – lower utilization in acute care settings attributed to lower volumes and changes in radiology technology ($.19M).

The capital fund expenditures for 2014-15 were $48.7M with 83% being spent on construction in progress, 1% on land, 5% on building and building service equipment, 10% being spent on equipment and 1% for mortgage obligations. The Ministry of Health has capitalized 74.5% of the capital expenditure reported above for construction in progress.

The actual capital fund revenues were $13.2M (includes $3.7M Ministry of Health funding and $7.9M Municipal contribution to new hospital) and capital fund expenses were $7.4M (includes $7.1M in amortization); resulting in a capital fund surplus of $5.8M.

The annual restricted funds expenditures for 2014-15 was $.08M with revenue of $.02M; resulting in a restricted fund deficit for the year of $.06M.

Guaranteed debt obligations total $1.2M and are related to mortgages for special care homes and are secured through the chattels of those facilities. Details related to this debt are disclosed in detail in note 5 of the audited financial statements.

Audited Financial Statements

INDEPENDENT AUDITORS' REPORT

To the Members of the Board,
Five Hills Regional Health Authority

We have audited the accompanying financial statements of **Five Hills Regional Health Authority** which comprise the statement of financial position as at March 31, 2015, and the statements of operations and changes in fund balances, remeasurement gains and losses and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis for Qualified Opinion

One of the Authority's capital assets under construction is owned under a shared ownership arrangement with the Ministry of Health. This asset has been accounted for, as directed by the Ministry, on an apportioned net basis rather than at full gross cost, which constitutes a departure from Canadian public sector accounting standards.

Had the Authority stated the asset at full cost, the March 31, 2015 balance for construction in progress would have increased by $66,765,725, fund balance invested in capital assets would have been increased by $66,765,725 and capital fund revenue would have increased by $8,376,925. The March 31, 2014 balances for construction in progress would have increased by $36,154,900, accounts payable would have decreased by $22,233,900, fund balance invested in capital assets would have been increased by $58,388,800 and capital fund revenue would have increased by $50,267,900.

Qualified Opinion

In our opinion, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Five Hills Regional Health Authority as at March 31, 2015, and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

VIRTUS GROUP LLP

May 27, 2015
Regina, Saskatchewan

Chartered Professional Accountants

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2015

	Operating Fund	Restricted Capital Fund	Restricted Community Trust Fund	Total March 31, 2015	Total March 31, 2014 (Note 10)
ASSETS					
Current assets					
Cash and short-term investments (Schedule 2)	$ 20,251,873	$ 29,054,829	$ 97,698	$ 49,404,400	$ 80,583,126
Accounts receivable					
Ministry of Health - General Revenue Fund	358,200	-	-	358,200	388,642
Other	1,426,405	367,149	6,592	1,800,146	1,390,647
Inventory	812,567	-	-	812,567	893,280
Prepaid expenses	912,298	-	-	912,298	882,437
	23,761,343	29,421,978	104,290	53,287,611	84,138,132
Investments (Schedule 2)	83,250	42,976	228,683	354,909	303,608
Capital assets (Note 3)	-	36,307,041	-	36,307,041	25,754,938
Total Assets	$ 23,844,593	$ 65,771,995	$ 332,973	$ 89,949,561	$ 110,196,678
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 6,931,587	$ 8,140	$ -	$ 6,939,727	$ 33,082,542
Accrued salaries	3,625,685	-	-	3,625,685	4,909,651
Vacation payable	6,125,728	-	-	6,125,728	6,342,513
Mortgages payable – Current (Note 5)	-	157,130	-	157,130	148,353
Deferred Revenue (Note 6)	2,711,428	-	-	2,711,428	6,224,947
	19,394,428	165,270	-	19,559,698	50,708,006
Long Term Liabilites					
Mortgages payable (Note 5)	-	1,084,079	-	1,084,079	1,241,274
Employee Future Benefits (Note 11)	3,022,300	-	-	3,022,300	3,064,300
Total Liabilities	22,416,728	1,249,349	-	23,666,077	55,013,580
Fund Balances					
Invested in capital assets	-	35,065,832	-	35,065,832	24,365,311
Externally restricted (Schedule 3)	-	207,001	332,973	539,974	1,785,884
Internally restricted (Schedule 4)	-	29,249,813	-	29,249,813	27,604,038
Unrestricted	1,427,865	-	-	1,427,865	1,427,865
Fund balances – (Statement 2)	1,427,865	64,522,646	332,973	66,283,484	55,183,098
Total Liabilities & Fund Balances	$ 23,844,593	$ 65,771,995	$ 332,973	$ 89,949,561	$ 110,196,678

Contractual Obligations (Note 4)
Asset Retirement Obligations (Note 4)
Pension Plan (Note 11)

Approved by the Board of Directors:

E. (Betty) Collicott

The accompanying notes and schedules are part of these financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2015

	Operating Fund			Restricted			
	Budget 2015	2015	2014 (Note 10)	Capital Fund 2015	Community Trust Fund 2015	Total 2015	Total 2014 (Note 10)
REVENUES							
Ministry of Health - general	$ 145,769,572	$ 145,432,095	$ 143,441,183	$ 3,702,914	$ -	$ 3,702,914	$ 1,947,182
Other provincial	1,494,629	1,785,293	1,668,079	45,471	-	45,471	45,471
Federal government	200,005	235,391	225,069	-	-	-	-
Patient & client fees	3,645,800	3,693,123	3,685,466	-	-	-	-
Out of province (reciprocal)	894,300	794,206	862,003	-	-	-	-
Out of country	73,500	105,714	59,887	-	-	-	-
Donations	2,500	17,560	67,137	8,980,673	-	8,980,673	8,458,364
Ancillary	206,260	192,011	209,080	20,600	-	20,600	20,600
Investment	308,960	334,632	347,125	406,962	17,024	423,986	363,186
Recoveries	1,370,632	1,904,563	1,965,597	-	-	-	-
Other	23,100	10,440	15,714	14,947	-	14,947	11,538
Total revenues	**153,989,258**	**154,505,028**	**152,546,340**	**13,171,567**	**17,024**	**13,188,591**	**10,846,341**
EXPENSES							
Inpatient & resident services							
Nursing Administration	1,547,163	1,560,449	1,554,757	50,757	-	50,757	22,021
Acute	23,732,383	23,817,536	24,364,742	694,718	-	694,718	728,974
Supportive	35,773,389	35,423,171	35,257,609	273,739	-	273,739	197,877
Rehabilitation	-	-	-	-	-	-	-
Mental health & addictions	2,122,185	2,338,795	2,387,082	16,557	-	16,557	16,254
Total inpatient & resident services	**63,175,120**	**63,139,951**	**63,564,190**	**1,035,771**	**-**	**1,035,771**	**965,126**
Physician compensation	**16,887,252**	**14,769,700**	**14,818,311**	**-**	**-**	**-**	**-**
Ambulatory care services	**7,337,711**	**7,132,171**	**7,016,566**	**131,169**	**-**	**131,169**	**48,288**
Diagnostic & therapeutic services	**13,256,344**	**12,473,973**	**12,436,670**	**576,654**	**-**	**576,654**	**415,936**
Community health services							
Primary health care	2,983,128	2,097,198	1,953,749	159,519	-	159,519	149,998
Home care	8,938,437	9,388,198	8,898,450	195,703	76,772	272,475	95,257
Mental health & addictions	6,916,105	7,080,348	7,163,290	4,801	-	4,801	-
Population health	4,247,347	4,198,624	4,043,021	2,100	-	2,100	2,100
Emergency response services	3,020,989	3,039,308	2,989,822	636	-	636	636
Other community services	818,101	723,581	839,593	8,453	-	8,453	10,983
Total community health services	**26,924,107**	**26,527,257**	**25,887,925**	**371,212**	**76,772**	**447,984**	**258,974**
Support services							
Program support	7,714,888	7,516,693	7,191,513	308,446	5,726	314,172	63,554
Operational support	17,704,632	17,243,996	17,121,459	419,557	-	419,557	190,782
Other support	300,481	238,328	254,813	4,536,349	-	4,536,349	3,070,022
Employee Future Benefits	118,245	(42,000)	(62,800)	-	-	-	-
Total support services	**25,838,246**	**24,957,017**	**24,504,985**	**5,264,352**	**5,726**	**5,270,078**	**3,324,358**
Ancillary	**183,858**	**131,508**	**136,135**	**-**	**-**	**-**	**-**
Total expenses (Schedule 1)	**153,602,638**	**149,131,577**	**148,364,782**	**7,379,158**	**82,498**	**7,461,656**	**5,012,682**
Excess (deficiency) of revenues over expenses	**$ 386,620**	**5,373,451**	**4,181,558**	**5,792,409**	**(65,474)**	**5,726,935**	**5,833,659**
Interfund Transfers							
Capital Asset Purchases		(5,128,492)	(3,936,600)	5,328,492	(200,000)	5,128,492	3,936,600
Mortgage Payment		(186,610)	(186,610)	186,610		186,610	186,610
SHC reserves		(58,349)	(58,349)	58,349		58,349	58,349
Total Interfund Transfers (Note 14)		(5,373,451)	(4,181,559)	5,573,451	(200,000)	5,373,451	4,181,559
Remeasurement Gains (Losses)		-	-	-	-	-	-
Increase (decrease) in fund balances		-	**(1)**	**11,365,860**	**(265,474)**	**11,100,386**	**10,015,218**
Fund balances, beginning of year		1,427,865	1,427,866	53,156,786	598,447	53,755,233	43,740,015
Fund balances, end of year		$ 1,427,865	$ 1,427,865	$ 64,522,646	$ 332,973	$ 64,855,619	$ 53,755,233

The accompanying notes and schedules are part of these financial statements.

Statement 3

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF REMEASUREMENT GAINS AND LOSSES
For the Year Ended March 31, 2015

	2015	2014
Accumulated remeasurement gains, beginning of year	$ -	$ -
Unrealized gain (losses) attributed to:		
Investments (Schedule 2)	-	-
Realized gains (losses), reclassifed to statement of operations:		
Investments (Schedule 2)		
Designated fair value	-	-
Equity instruments	-	-
	-	-
Net remeasurement gains for the year	-	-
Accumulated remeasurement gains (losses), end of year	-	-

The accompanying notes and schedules are part of these consolidated financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2015

	Operating Fund		Restricted Fund			
	2015	2014 (Note 10)	Capital Fund	Community Trust Fund	Total 2015	Total 2014 (Note 10)
Cash Provided by (used in):						
Operating activities						
Excess (deficiency) of revenue over expenses	$ 5,373,451	$ 4,181,558	$ 5,792,409	$ (65,474)	$ 5,726,935	$ 5,833,659
Net change in non-cash working capital (Note 7)	(9,119,281)	6,699,632	(22,421,255)	13,246	(22,408,009)	23,695,744
Amortization of capital assets	-	-	7,093,031	-	7,093,031	4,300,955
Investment income on long-term investments	-	-	-	-	-	-
Gain/(loss) on disposal of capital assets	-	-	-	-	-	-
	(3,745,830)	10,881,190	(9,535,815)	(52,228)	(9,588,043)	33,830,358
Capital Activities						
Purchase of capital assets						
Buildings/construction	-	-	(12,432,201)	-	(12,432,201)	(9,705,069)
Equipment	-	-	(5,212,933)	-	(5,212,933)	(2,575,500)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
	-	-	(17,645,134)	-	(17,645,134)	(12,280,569)
Investing Activities						
(Purchase) Sale of long-term investment	(65,522)	61,406	82,042	(67,821)	14,221	380,260
	(65,522)	61,406	82,042	(67,821)	14,221	380,260
Financing Activities						
Repayment of debt	-	-	(148,418)	-	(148,418)	(140,133)
	-	-	(148,418)	-	(148,418)	(140,133)
Net increase in cash & short term investments during the year	(3,811,352)	10,942,596	(27,247,325)	(120,049)	(27,367,374)	21,789,916
Cash & short term investments, beginning of year	29,436,676	22,675,639	50,728,703	417,747	51,146,450	25,174,975
Interfund transfers (Note 14)	(5,373,451)	(4,181,559)	5,573,451	(200,000)	5,373,451	4,181,559
Cash & short term investments, end of year (Schedule 2)	**$ 20,251,873**	**$ 29,436,676**	**$ 29,054,829**	**$ 97,698**	**$ 29,152,527**	**$ 51,146,450**

The accompanying notes and schedules are part of these financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As At March 31, 2015

1. Legislative Authority

The Five Hills Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Five Hills Health Region, under section 27 of The Act. The Five Hills RHA is a not-for-profit organization and is not subject to income or property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada (Chartered Professional Accountants). The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270. The RHA has also adopted section PS 3260, Liability for Contaminated Sites, as further explained in Note 17.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed Health Care Organizations (HCOs) and third parties to provide health services:

Extendicare (Canada) Inc.
Canadian Mental Health Association (Saskatchewan Division)
Thunder Creek Rehabilitation Association Inc.
Lifeline Ambulance Service Inc.
Hutch Ambulance Service Inc.

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliates are incorporated as follows (and are registered charities under the Income Tax Act):

Providence Place for Holistic Health Inc. – *Non profit Corporations Act*
St. Joseph's Hospital (Grey Nuns) of Gravelbourg – *Non profit Corporations Act*

The RHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding these affiliates.

Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliates.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from the Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from the Ministry of Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2.5 to 6.67%
Land improvements	2.5 to 20%
Equipment	5 to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. Cost of inventory held is determined on a weighted average basis, except for dietary, linen, laundry, plant maintenance and remote facility inventory which is determined on a first in, first out basis. All inventories are held at the lower of cost or net realizable value.

f) Employee Future Benefits

i) Pension plan

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly the RHA expenses all contributions it is required to make in the year.

ii) Accumulated sick leave benefit

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings the period in which they become known.

h) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these items carried at fair value are recognized through the Statement of Remeasurement Gains and Losses at each period end. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2015 (2014 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are classified as level 1 in the fair value hierarchy.

i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

j) Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

3. Capital Assets

	March 31, 2015			March 31, 2014
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 1,488,571	$ -	$ 1,488,571	$ 1,113,571
Land Improvements	765,380	631,962	133,418	208,998
Buildings	46,984,286	40,663,395	6,320,891	7,136,352
Equipment	40,578,018	32,784,459	7,793,559	6,534,256
Construction in progress	20,570,602	-	20,570,602	10,761,761
	$ 110,386,857	$ 74,079,816	$ 36,307,041	$ 25,754,938

4. Contractual obligations

a) Capital Assets Acquisitions

At March 31, 2015, contractual obligations for the acquisition of capital assets (including the demolition of existing hospital) were $13,927,473 (2014 - $52,889,673). The total contractual obligation includes an amount for the construction of a new hospital $10,261,667 (2014 - $48,703,740). A co-ownership agreement exists with the Ministry of Health who will assume 74.52% of both the asset and the contractual obligation in the amount of $7,649,230 (2014 - $36,294,027).

b) Contracted Health Service Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA. Services provided in the year ending March 31, 2015 will continue to be contracted for the following fiscal year. Note 9 b) provides supplementary information on Health Care Organizations.

c) Asset Retirement Obligations

The RHA has an asset retirement obligation for the demolition of the existing hospital in Moose Jaw, which will be completed once the new facility is constructed and operational. The total cost for this obligation is included in the contractual obligation for the construction contract disclosed in Note 4 a) above.

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2015	2014
Pioneer Housing (Moose Jaw) CMHC, due November 1, 2016	5.38%	$22,877 principal & interest. Mortgage renewal date – November 1, 2016	$36,412	$56,763
Pioneer Housing (Moose Jaw) CMHC, due July 1, 2019	6.88%	$7,229 principal & interest. Mortgage renewal date – July 1, 2019	27,061	32,263
Pioneer Housing (Moose Jaw) CMHC, due September 1, 2027	10.50%	$95,747 principal & interest of which $22,188 is subsidized by SHC. Yielding an effective interest rate of 7.3%. Mortgage renewal date - September 1, 2027.	673,635	698,730
Regency Manor CMHC, due August 1, 2019	4.37%	$99,558 principal & interest of which $23,283 is subsidized by SHC. Yielding an effective interest rate of 0%. Mortgage renewal date - October 1, 2016.	399,494	479,842
Assiniboia Pioneer Lodge CMHC, due October 1, 2024	8.00%	$6,503 principal & interest. Mortgage renewal date - October 1, 2024.	43,602	46,547
Assiniboia Pioneer Lodge CMHC, due November 1, 2018	6.00%	$18,561 principal & interest. Mortgage renewal date - November 1, 2018.	61,005	75,482
			$1,241,209	$1,389,627
Less: Current portion			157,130	148,353
			$1,084,079	$1,241,274

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2016	$ 157,130
2017	158,832
2018	152,674
2019	155,831
2020	90,615
2021 and subsequent	526,127

6. Deferred Revenue

As at March 31, 2015 **Sask Health Initiatives**	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Saskatchewan Health – General Revenue Fund	$ -	$ -	$ -	$ -
Family Support and Rehab	67,891	-	(67,891)	-
Approved home enhancements	82,351	61,680	(20,671)	-
Alt Physician Pymt C Butte	-	25,286	46,600	21,314
Alt Physician Pymt Moose Jaw	139,954	1,094,552	1,393,123	438,525
Alt Physician Pymt Craik	208,028	465,490	309,843	52,381
Alt Phys Pymt Teen Wellness	22,644	24,513	13,190	11,321
Alt Phys Pymt Crescent View MJ	-	63,853	75,451	11,598
Alt Phys Pymt Pediatrics	-	562,693	709,772	147,079
Needle Exchange	-	16,000	16,000	-
Primary Health Care Central Butte Site	136,084	401,684	265,600	-
Primary Health Care Craik	30,739	159,395	137,600	8,944
Primary Health Care Moose Jaw	126,367	184,177	85,000	27,190
Primary Health Care Crescent View MJ	-	393,010	575,185	182,175
HIPA Implementation	7,105	7,105	-	-
Aboriginal Awareness Training	45,925	45,925	-	-
Addictions Cross Training	-	49,180	80,000	30,820
Addictions	6,868	86,868	80,000	-
Addictions Community Supports	-	259,000	259,000	-
Joint Replacement Surgery - Hip Knee Pathway	356,056	356,056	-	-
Safestart Program Quality Workplace	47,486	23,568	10,000	33,918
Nursing Education/Professional Development RN/RPM	28,598	28,598	-	-
Nursing Education/Professional Development LPN	6,893	6,893	-	-
Nurse Mentorship Initiative	118,059	183,059	65,000	-
Safety Training Initiatives (OH&S)	57,331	57,331	-	-
Addictions Secure Youth Detox	15,976	117,086	101,110	-
Public Health Capacity	303,340	30,000	-	273,340
Infection Control - Prevention and Control	80,942	80,942	-	-
MDS Home Care	20,000	20,000	-	-
Autism Services	77,836	366,000	296,000	7,836
Physician Funding Kincaid	254,448	254,448	-	-
Physician Funding Anesthesia	43,784	43,784	-	-
Telehealth Expansion Gravelbourg	10,008	10,008	-	-
Residential Detox - clinical supervisor	50,956	50,956	-	-
New Hospital Helipad	136,960	136,960	-	-
Bursary Program For Health Students	7,500	15,000	26,396	18,896
Alternate Payt Project Geriatrics	47,660	47,660	23,000	23,000
Hiv Strategy-Needle Exchange Expansion	19,508	19,508	-	-

As at March 31, 2015	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives cont'd				
Pandemic H1N1	180,678	51,000	(129,678)	-
High Risk Youth	5,698	5,698	-	-
Shared Decision Making	10,000	10,000	-	-
Enhanced Preventative Dental	8,345	8,345	-	-
Primary Health Care - South Pharmacy Services	56,792	93,386	40,000	3,406
Healthcare Association Infection Surveillance	50,000	50,000	-	-
Nurse Practitioner Recruitment	20,000	20,000	-	-
Locus Provincial Implementation	4,900	4,900	-	-
Perioperative student	-	-	12,000	12,000
Lower extremity wound pathway	-	-	20,400	20,400
Compensation	-	-	335,331	335,331
Urgent Issues Fund - long term care	399,963	299,963	-	100,000
Surgical Initiatives	1,594,766	1,085,593	(509,173)	-
Total Sask Health	**$ 4,888,439**	**$ 7,377,153**	**$ 4,248,188**	**$ 1,759,474**
Non Sask Health Initiatives				
Sask Learning - General Revenue Fund - Kids First Targeted	$ 63,905	$ 705,871	$ 745,969	$ 104,003
Sask Learning - General Revenue Fund - Kids First Non Targeted	13,094	73,852	76,135	15,377
Sask Social Services - General Revenue Fund - Family Outreach Program	150,870	267,651	175,320	58,539
Sask Academic Health Sciences Network (SAHSN) - Preceptor Recognition	1,416	-	-	1,416
Ehealth Sask-Pharm Medstations	300,000	163,215	-	136,785
Other - SGI Acquired Brain Injury Prov Coord Adv	26,653	106,613	107,413	27,453
Other - SGI Acquired Brain Injury Comm Coord Adv	22,821	91,282	91,966	23,505
Other - SGI Acquired Brain Injury Independent Living Adv	-	26,390	40,373	13,983
Other - SGI Acquired Brain Injury Comm Coord	71,914	-	10,623	82,537
Other - SGI Acquired Brain Injury Prov Coord	17,228	-	7,066	24,294
Other - SGI Acquired Brain Injury Independent Living	13,061	13,061	-	-
RQRHA Autism Regional Occup Therapy	37,780	-	-	37,780
RQRHA Family Medical Resident Prog	4,778	4,778	-	-
Saskatoon RHA-Phc-New Framework (Greenfield Innovation)	124,631	124,631	-	-

As at March 31, 2015	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Non Sask Health Initiatives Cont'd				
Smoking Cessation- Baby's Best Start	7,917	4,309	-	3,608
Creating Our Future	400	400	-	-
Other - Resource Centre	36,695	-	-	36,695
Mental Health Clinical Conference	9,596	366	-	9,230
Other - MJ Health Foundation	6,872	6,600	-	272
Other - MJHF (Operating Equipment)	97,281	-	-	97,281
Other - Assiniboia Union Hospital	7,733	2,800	-	4,933
Other - Central Butte Regency Hospital	59,024	59,024	-	-
Other - Craik Health Centre	10,013	10,013	-	-
Other - Home Care Palliative	24,960	-	-	24,960
Other - First Nations Health Employer Support	18,451	-	-	18,451
Other - Pioneer Housing MJ Mortlach Mgmt Board	607	-	-	607
Other - Canadian Public Health Association	11,790	-	-	11,790
Other - Sun Partnership Agreement Recruitment Retention	62,256	-	-	62,256
Other - Patient rent received in advance	63,415	63,414	63,671	63,672
Other - Homecare Moose Jaw Nursing	6,000	-	-	6,000
Other - Prev Family Outreach Program	-	23,729	31,639	7,910
Other - MJUH Emergency Room	-	2,185	3,500	1,315
Other - MJUH ICU education	-	-	2,000	2,000
Other - School based services	-	24,832	45,824	20,992
Other - Community Youth Program	26,039	71,046	60,009	15,002
Other - HQC Pursuing Excellence	7,273	-	-	7,273
Other - miscellaneous	32,035	-	-	32,035
Total Non Sask Health	**$ 1,336,508**	**$ 1,846,062**	**$ 1,461,508**	**$ 951,954**
Total Deferred Revenue	**$ 6,224,947**	**$ 9,223,215**	**$ 5,709,696**	**$ 2,711,428**

As at March 31, 2014 **Sask Health Initiatives**	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Saskatchewan Health – General Revenue Fund	$ -	$ -	$ -	$ -
On site Emergency Room Medical Remuneration	350,000	2,497,672	2,147,672	-
Family Support and Rehab	67,891	-	-	67,891
Approved home enhancements	76,080	55,409	61,680	82,351
Alt Physician Pymt C Butte	15,564	62,164	46,600	-
Alt Physician Pymt Moose Jaw	96,771	1,349,940	1,393,123	139,954
Alt Physician Pymt Craik	168,468	270,283	309,843	208,028
Alt Phys Pymt Teen Wellness	17,808	8,354	13,190	22,644
Needle Exchange	13,418	29,418	16,000	-
Primary Health Care Central Butte Site	72,837	202,353	265,600	136,084
Primary Health Care Craik	31,538	138,399	137,600	30,739
Primary Health Care Moose Jaw	85,443	44,076	85,000	126,367
Renal Dialysis Project	76,217	76,217	-	-
HIPA Implementation	7,105	-	-	7,105
Aboriginal Awareness Training	35,925	-	10,000	45,925
SIMS/PHIS	10,403	10,403	-	-
Addictions Cross Training	62,539	142,539	80,000	-
Addictions	16,144	94,976	85,700	6,868
Addictions Community Supports	-	259,000	259,000	-
Joint Replacement Surgery - Pathway	356,056	-	-	356,056
Safestart Program Quality Workplace	58,593	21,107	10,000	47,486
Nursing Education/Professional Development RN/RPM	28,598	-	-	28,598
Nursing Education/Professional Development LPN	6,893	-	-	6,893
Nurse Mentorship Initiative	104,435	51,376	65,000	118,059
Safety Training Initiatives (OH&S)	57,331	-	-	57,331
Addictions Secure Youth Detox	29,468	114,602	101,110	15,976
Public Health Capacity	303,340	-	-	303,340

As at March 31, 2014	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives cont'd				
Infection Control - Prevention/Control	162,221	81,279	-	80,942
MDS Home Care	37,503	17,503	-	20,000
Autism Services	143,659	361,823	296,000	77,836
Physician Funding Kincaid	254,448	-	-	254,448
Physician Funding Anesthesia	98,358	54,574	-	43,784
Renal Dialysis funding 0809	274,945	420,610	145,665	-
Telehealth Expansion Gravelbourg	10,008	-	-	10,008
Residential Detox - clinical supervisor	152,787	226,831	125,000	50,956
New Hospital Helipad	162,000	25,040	-	136,960
Bursary Program For Health Students	17,500	30,000	20,000	7,500
Phc Greenfield Innovation M Jaw	217,100	525,500	308,400	-
Alternate Payt Project Geriatrics	52,846	68,601	63,415	47,660
Integration Training PHC & MHAS	50,000	50,000	-	-
Sask Surg Init Perioperative Training	11,882	40,502	28,620	-
Hiv Strategy-Needle Exchange Expansion	20,000	492	-	19,508
Pandemic H1N1	180,678	-	-	180,678
Physician Issues	1,388	1,388	-	-
High Risk Youth	154,570	148,872	-	5,698
Shared Decision Making	30,956	20,956	-	10,000
Enhanced Preventative Dental	52,305	43,960	-	8,345
Primary Health Care - South Pharm Servs	48,005	31,213	40,000	56,792
Healthcare Assoc Infection Surveillance	-	-	50,000	50,000
Nurse Practitioner Recruitment	-	-	20,000	20,000
Locus Provincial Implementation	-	23,000	27,900	4,900
Urgent Issues Fund - long term care	-	200,037	600,000	399,963
Surgical Initiatives	1,686,489	618,223	526,500	1,594,766
Total Sask Health	**$ 5,968,513**	**$ 8,418,692**	**$ 7,338,618**	**$ 4,888,439**
Non Sask Health Initiatives				
Sask Learning - General Revenue Fund - Kids First Targeted	$ 79,393	$ 701,696	$ 686,208	$ 63,905
Sask Learning - General Revenue Fund - Kids First Non Targeted	5,433	67,724	75,385	13,094
Sask Social Services - General Revenue Fund - Family Outreach Program	91,957	170,553	229,466	150,870
Sask Academic Health Sciences Network (SAHSN) - Preceptor Recognition	1,416	-	-	1,416
Ehealth Sask-Pharm Medstations	300,000	-	-	300,000
3S Health Enhanced Preventative Dental	8,304	8,304	-	-
3Shealth-Gateway Online Phase I	22,500	22,500	-	-
Other - Special Needs	13,442	20,360	6,918	-

As at March 31, 2014	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Non Sask Health Initiatives Cont'd				
Other - SGI ABI Prov Coord Adv	-	103,508	130,161	26,653
Other - SGI ABI Comm Coord Adv	-	88,623	111,444	22,821
Other - SGI ABI Independent Living Adv	-	51,745	51,745	-
Other - SGI ABI Comm Coord	71,914	-	-	71,914
Other - SGI ABI Prov Coord	17,228	-	-	17,228
Other - SGI ABI Independent Living	13,061	-	-	13,061
RQRHA Autism Regional Occup Therapy	37,780	-	-	37,780
RQRHA Family Medical Resident Prog	-	5,825	10,603	4,778
Saskatoon RHA-Phc-New Framework (Greenfield Innovation)	200,000	75,369	-	124,631
Smoking Cessation- Baby's Best Start	-	83	8,000	7,917
Creating Our Future	-	-	400	400
Other - Resource Centre	36,695	-	-	36,695
Mental Health Clinical Conference	15,004	8,948	3,540	9,596
Other - MJ Health Foundation	20,072	13,200	-	6,872
Other - MJHF (Operating Equipment)	86,355	20,152	31,078	97,281
Other - Assiniboia Union Hospital	7,733	-	-	7,733
Other - Central Butte Regency Hospital	59,024	-	-	59,024
Other - Craik Health Centre	10,013	-	-	10,013
Other - Home Care Palliative	27,952	2,992	-	24,960
Other - First Nations Health Support	18,451	-	-	18,451
Other - Pioneer MJ Mortlach Mgmt Bd	607	-	-	607
Other - Cdn Public Health Association	11,790	-	-	11,790
Other - Sun Partnership Agreement Recruitment Retention	62,256	-	-	62,256
Other - Patient rent received in advance	49,718	49,717	63,414	63,415
Other - Homecare Moose Jaw Nursing	6,000	-	-	6,000
Other - Community Youth Program	25,281	103,397	104,155	26,039
Other - HQC Pursuing Excellence	7,273	-	-	7,273
Other - miscellaneous	20,035	-	12,000	32,035
Total Non Sask Health	**$ 1,326,687**	**$ 1,514,696**	**$ 1,524,517**	**$ 1,336,508**
Total Deferred Revenue	**$ 7,295,200**	**$ 9,933,388**	**$ 8,863,135**	**$ 6,224,947**

Externally restricted revenue, received in the operating fund, is deferred if the restriction has not been fulfilled by the end of the fiscal year.

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2015	2014	Capital Fund	Community Trust Fund	Total 2015	Total 2014
(Increase) Decrease in accounts receivable	$ (205,683)	$ (144,617)	$ (186,620)	$ 13,246	$ (173,374)	$ 1,462,505
(Increase) in inventory	80,713	168,667			-	
(Increase) Decrease in prepaid expenses	(29,861)	(137,137)			-	
Increase (Decrease) in accounts payable	(3,908,180)	6,303,691	(22,234,635)		(22,234,635)	22,233,239
Increase (Decrease) in accrued salaries	(1,283,966)	1,748,041			-	
Increase in vacation payable	(216,785)	(105,960)			-	
Increase in deferred revenue	(3,513,519)	(1,070,253)			-	
(Decrease) Increase in employee future benefits	(42,000)	(62,800)			-	
	$ (9,119,281)	$ 6,699,632	$(22,421,255)	$ 13,246	$ (22,408,009)	$ 23,695,744

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2015 is $2,557 (2014 - $2,391) and is included in the financial statements.

9. Related Party Transactions and Other Third Party Contractors

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts resulting from these transactions are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2015	2014
Revenues		
Workers Compensation	$ 510,504	$ 473,679
Ministry of Education	880,923	863,820
	$ 1,391,427	$ 1,337,499

	2015	2014
Expenses		
3S Health	$ 3,591,020	$ 3,683,480
Saskatchewan Health Employees Pension Plan	5,529,481	5,242,319
Saskatchewan Energy	457,437	415,904
Saskatchewan Power	894,966	848,487
Ministry of Govt Services	390,535	400,515
eHealth Sask	166,668	166,030
Sask Tel	314,985	283,256
Valleyview	722,620	692,280
Workers Compensation	1,052,414	1,030,121
	$ 13,120,126	$ 12,762,392
Prepaid Expenses		
Workers Compensation	$ 272,815	$ 266,460
3S Health	4,854	5,555
	$ 277,669	$ 272,015
Accounts Payable		
3S Health	$ 233,699	$ 247,733
	$ 233,699	$ 247,733

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2015	2014
Extendicare (Canada) Inc.	$ 6,834,479	$ 6,834,436
Canadian Mental Health Association	13,050	13,181
Thunder Creek Rehabilitation Association Inc.	2,046,882	2,076,473
Lifeline Ambulance Service Inc.	1,974,463	1,959,063
Hutch Ambulance Service Inc.	647,920	641,920
	$ 11,516,794	$ 11,525,073

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA.

The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2015	2014
Providence Place for Holistic Health Inc.	$ 14,396,249	$ 14,671,823
St. Joseph's Hospital (Grey Nuns) of Gravelbourg	5,653,709	5,651,110
St. Joseph's Hospital (Grey Nuns) of Gravelbourg – Ambulance Service	325,903	323,303
	$ 20,375,861	$ 20,646,236

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entities for the years ended March 31, 2015 and 2014.

	Total 2015	Total 2014
Balance Sheet		
Assets	$5,296,296	$5,135,661
Net Capital Assets	20,879,508	21,817,636
Total Assets	$26,175,804	$26,953,297
Total Liabilities	$5,554,519	$5,442,160
Total Net Assets	20,621,286	21,511,137
	$26,175,804	$26,953,297

	Total 2015	Total 2014
Results of Operations		
RHA Grant	$19,926,439	$20,441,288
Other Revenue	4,310,569	4,584,012
Total Revenue	$24,237,009	$25,025,300
Salaries & Benefits	$19,784,190	$20,316,543
Other Expenses*	5,301,211	5,255,495
Total Expenses	$25,085,401	$25,572,038
Excess Revenue over Expenses	($848,392)	($546,738)

* Other Expenses includes amortization of $1,142,627 (2014-$1,184,132)

	Total 2015	Total 2014
Cash Flows		
Cash from Operations	$108,089	$162,395
Cash used in financing activities	83,623	461,740
Cash used in Investing activities	(295,806)	(461,716)
Increase (decrease) in cash	($104,094)	$162,419

iii) Fund Raising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Moose Jaw Health Foundation (the Foundation). The Five Hills RHA has an economic interest in the Foundation. In accordance with donor-imposed restrictions, $3,676,132 (2014 - $2,900,462) of the foundation's net assets must be used to purchase specialized equipment. In 2013, the foundation's total expenses include contributions of $572,971 (2013 - $598,224) to the RHA.

10. Comparative Information

Certain prior period balances have been reclassified to conform with the current year's presentation.

11. Employee Future Benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Health Shared Services Saskatchewan (3SHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

4. Saskatchewan Municipal Employees Pension Plan (MEPP) (a related party) – This is a defined benefit pension plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions noted below.

	2015			2014
	SHEPP[1]	PEPP	Total	Total
Number of active members	1,174	14	1,188	1,221
Member contribution rate, percentage of salary	8.10-10.07%*	5.00-7.00%*		
RHA contribution rate, percentage of salary	9.072-11.984%*	5.00-7.00%*		
Member contributions (thousands of dollars)	4,868	78	4,946	4,769
RHA contributions (thousands of dollars)	5,452	77	5,529	5,331

* Contribution rate varies based on employee group.
1. Active members include all employees of the RHA, including those on leave of absense as of March 31, 2015. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them. SHEPP contribution rates increased on December 15, 2013 (i.e., from 7.70% to 8.10% and from 10.00% to 10.70% for members; RHA contribution rates increased by the same proportion).

Pension Plan contribution rates have increased as a result of recent deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

b) Accumulated sick leave benefit liability

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA had completed an actuarial valuation as of March 31, 2013 with an estimated valuation to March 31, 2015. Key assumptions used as inputs into the actuarial calculation are as follows:

Actuarial Assumptions as of:	March 31, 2012	March 31, 2013	March 31, 2014	March 31, 2015/2016
Discount rate:	2.75% per annum	2.50% per annum	2.85% per annum	1.90% per annum[1]
Mortality rates:	UP-1994 Mortality Table projected to 2020 using Scale AA		CPM 2014 Public Table with 2D Projections using CPM Scale B	
Earnings increase for seniority, merit and promotion:	For ages 15 to 29		2.0% per annum	
	For ages 30 to 39		1.5% per annum	
	For ages 40 to 49		1.0% per annum	
	For ages 50 to 59		0.5% per annum	
	For ages 60 and over		0.0% per annum, plus 2.0% per annum for SUN members at 20 years of service	
Termination rates:	Sample rates shown below:			
	Age / Rate			
	20 0.119			
	25 0.084			
	30 0.056			
	35 0.045			
	40 0.035			
	45 0.030			
	50 0.025			
	55 0.015			
	60 0.010			
Retirement rates:	Before member reaches Rule of 80 (age plus service equals at least 80):			
	2% at age 55 for members who have between 10 and 22 years of service			
	1% at age 60 for members who have between 6 and 9 years of service			
	4% at age 60 for members who have between 10 and 17 years of service			
	0% at all other ages and service where member does not meet Rule of 80			
	After member reaches Rule of 80:			
	8% for ages under 55			
	35% at age 55 for members who have between 25 and 26 years of service (between 80 and 81 points)			
	25% at age 55 for members who have at least 27 years of service (at least 82 points)			
	12% for ages between 56 and 59 where the member has between 80 and 81 points			
	8% for ages between 56 and 59 where member has at least 82 points			
	25% for ages between 60 and 61 where the member has between 80 and 81 points			
	19% for ages between 60 and 61 where the member has at least 82 points			
	19% for ages between 62 and 64			
	Irrespective of the rates shown above, the retirement rates for ages 65 and older are equal to 100%			
	Retirement rates at any other combination of age and service not described above are 0%			

[1] Discount rate at March 31, 2016 assumed to be the same rate as of March 31, 2015

		2015		2014
Accrued benefit obligation, beginning of year	$	3,064,300	$	3,127,100
Cost for the year		457,000		459,900
Benefits paid during the year		499,000		522,700
Accrued benefit obligation, end of year	$	3,022,300	$	3,064,300

12. Budget

The RHA Board approved the 2014-2015 budget plan on May 28, 2014.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.
The RHA has identified its major risks and ensures that management monitors and controls them. The Board oversees the RHA's systems and practises of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2015	2014
Cash and short-term investments	$ 49,404,400	$ 80,583,126
Accounts receivable		
Ministry of Health - General Revenue Fund	358,200	388,642
Other	1,800,146	1,390,647
Investments	354,909	303,608
	$ 51,917,655	$ 82,666,023

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

a. Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

b. Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. The RHA's mortgages payable outstanding as at March 31, 2015 and 2014 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

As at March 31, 2015 had prevailing interest rates increased or decreased by 1%, assuming a parallel shift in the yield curve, with all other variables held constant, the RHA's financial instruments would have decreased or increased by approximately $0 (2014 - $0), approximately 0% of the fair value of investments (2014 - 0%).

e) Liquidity risk:

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2015 the RHA has a cash balance of $49,404,399 (2014 - $80,583,126).

f) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

- The fair value of mortgages payable and long term debt before the repayment required within one year, is $1,660,059 (2014 - $1,517,863) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is based on unobservable inputs. There were no items measured at fair value using level 3 in 2014 or 2015.

There were no items transferred between levels in 2014 or 2015.

	2015			2014		
	Level 1	Level 2	Total	Level 1	Level 2	Total
Investments	$ -	$ -	$ -	$ -	$ -	$ -
Mortgages payable	$ -	$ -	$ -	$ -	$ -	$ -

g) Short-term Borrowing/Operating Line-of-credit:

Short-term borrowings are secured by assignment of future grant funding and bears interest rate at prime plus 1%, which is due on demand. Total interest paid on the short-term borrowings in 2015 was $0 (2014 - $0).
The RHA has a line-of-credit limit of $1,000,000 (2014 - $1,000,000) with an interest rate of prime plus 1%. The line-of-credit is secured by assignment of future grant funding. Total interest paid on the line-of-credit in 2014-15 was $0 (2014- $0).

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2015			2014		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	$ (5,128,492)	$ 5,328,492	$ (200,000)	$ (3,936,600)	$ 3,952,852	$ (16,252)
Mortgage repayment	(186,610)	186,610	-	(186,610)	186,610	-
SHC reserves	(58,349)	58,349	-	(58,349)	58,349	-
	$ (5,373,451)	$ 5,573,451	$ (200,000)	$ (4,181,559)	$ 4,197,811	$ (16,252)

15. Collective Bargaining Agreement

The Saskatchewan Union of Nurses (SUN) contract expired March 31, 2014. The Health Sciences Association of Saskatchewan (HSAS) contract expired March 31, 2013. The Service Employees International Union (SEIU) contract is in effect until March 31, 2017. Contract negotiations continue, however, information is not yet available to estimate retro wage payable.

16. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the 2014-15 and 2015-16 fiscal years. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for 2014-15 and 2015-16.

17. Changes in Accounting Policy

Effective April 1, 2014, the Five Hills RHA prospectively adopted the new PS 3260 Liability for Contaminated Sites standard. This section establishes standards on how to account for and report a liability associated with the remediation of contaminated sites. Contaminated sites are a result of contamination being introduced into air, soil, water or sediment of a chemical, organic or radioactive material or live organism that exceeds the maximum acceptable concentrations under an environmental standard. This standard only applies to operations that are no longer in productive use, or where an unexpected event occurs that has caused contamination. A liability for remediation of contaminated sites is recognized when all of the following criteria are met:

- an environmental standard exists;
- contamination exceeds the environmental standard;
- the RHA
    - is directly responsible; or
    - accepts responsibility;
- the RHA expects the future economic benefits will be given up; and
- a reasonable estimate of the amount can be made.

The adoption of the new PS 3260 standard has not resulted in any changes to the measurement and recognition of liabilities in the RHA's financial statements.

Schedule 1

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2015

	Budget 2015	Actual 2015	Actual 2014
Operating:			
Advertising & public relations	$ 58,412	$ 75,533	$ 58,153
Board costs	120,763	56,475	76,843
Compensation - benefits	14,272,978	13,847,389	13,698,283
Compensation - employee future benefits	118,245	(42,000)	(62,800)
Compensation - salaries	69,162,015	70,177,393	69,345,201
Continuing education fees & materials	264,919	244,717	219,058
Contracted-out services - other	2,297,934	2,307,531	2,214,795
Diagnostic imaging supplies	178,742	132,435	145,210
Dietary supplies	146,972	144,325	133,129
Drugs	2,006,281	1,560,675	1,583,999
Food	1,274,009	1,226,039	1,153,893
Grants to ambulance services	2,948,286	2,948,286	2,924,286
Grants to health care organizations & affiliates	28,505,422	28,407,975	28,387,845
Housekeeping & laundry supplies	649,702	620,282	581,087
Information technology contracts	694,680	647,959	622,102
Insurance	300,481	232,106	221,467
Interest	3,346	2,629	2,222
Laboratory supplies	1,163,181	1,023,059	1,067,182
Medical & surgical supplies	3,340,719	2,898,731	3,037,103
Medical remuneration & benefits	16,478,238	14,352,630	14,213,531
Meetings	15,200	6,086	23,664
Office supplies & other office costs	726,940	539,247	595,534
Other	40,927	64,528	114,846
Professional fees	846,133	875,540	758,239
Prosthetics	819,161	513,580	719,107
Purchased salaries	212,644	191,901	237,055
Rent/lease/purchase costs	1,544,117	1,433,326	1,586,524
Repairs & maintenance	1,833,095	1,734,712	1,719,128
Supplies - other	294,151	141,344	183,666
Therapeutic supplies	79,513	93,143	71,901
Travel	1,244,276	1,085,373	1,229,558
Utilities	1,961,156	1,588,628	1,502,971
Total Operating Expenses	$ 153,602,638	$ 149,131,577	$ 148,364,782
Restricted:			
Amortization		$ 7,093,031	$ 4,300,955
Loss/(Gain) on disposal of fixed assets		-	-
Mortgage interest expense		101,337	109,668
Other		267,288	602,059
		$ 7,461,656	$ 5,012,682

Schedule 2

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2015

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short Term				
Chequing and Savings:				
Concentra	$ 28,904,676			
RBC Dominion Securities	268			
	$ 28,904,944			
Bond/Mutual Fund:				
RBC Invest Savings Acct	$ 57,561	n/a		
AGF Trust GIC	133,112	4/7/2015	3.11%	3.11%
National Bank of Canada	56,910	6/15/2015	2.71%	2.71%
	$ 247,583			
Total Cash & Short Term Investments	$ 29,152,527			
Long Term				
Home Trust GIC	$ 42,558	6/6/2016	2.05%	2.05%
Ontario Hydro	42,976	8/18/2022	8.90%	8.90%
Homequity Bank GIC	10,325	3/6/2019	2.60%	2.60%
Cdn Western Bank GIC	50,000	6/12/2019	2.57%	2.57%
Bank of Nova Scotia GIC	95,000	12/8/2019	2.57%	2.57%
Montreal Trust GIC	30,800	3/6/2019	2.57%	2.57%
Total Long Term Investments	$ 271,659			
Total Restricted Investments	**$ 29,424,186**			
Unrestricted Investments				
Cash and Short Term				
Chequing and Savings:				
Concentra	$ 20,209,122			
Royal Bank	10,219			
RBC Dominion Securities	18			
Cash on hand	8,995			
	$ 20,228,354			
Home Trust GIC	$ 17,728	6/4/2015	2.05%	2.05%
RBC Invest Savings Acct	$ 5,791	n/a		
Total Cash & Short Term Investments	$ 20,251,873			
Long Term				
B2B Bank GIC	$ 15,000	2/26/2018	1.75%	1.75%
Home Equity bank GIC	64,350	9/12/2019	2.55%	2.55%
RBC Invest Savings Acct	3,900	12/8/2019	2.57%	2.57%
Total Long Term Investments	$ 83,250			
Total Unrestricted Investments	**$ 20,335,123**			
Total Investments	**$ 49,759,309**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 49,404,400			
Total Long Term	$ 354,909			
Total Investments	**$ 49,759,309**			

* Restricted Investments include:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) held in the Capital Fund (Schedule 4).

Schedule 3

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2015

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Moose Jaw Union Hospital - Haggerty	$ 20,357	$ 829	$ -	$ 5,726	$ -	$ 15,460
Moose Jaw Union Hospital - Elsom/Mutrie	14,789	182	-	-	-	14,971
Craik Health Centre	135,372	1,666	-	-	-	137,038
Thunder Creek Home Care	426,888	14,334	-	76,772	200,000	164,450
South Country	1,041	13	-	-	-	1,054
Total Community Trust Fund	**$ 598,447**	**$ 17,024**	**$ -**	**$ 82,498**	**$ 200,000**	**$ 332,973**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Ministry of Health - Capital Projects	$ 980,436	$ -	$ 885,000	$ 184,790	$ 1,680,646	$ -
Moose Jaw Health Foundation - diagnostic imaging	207,001	-	-	-	-	207,001
Total Capital Fund	**$ 1,187,437**	**$ -**	**$ 885,000**	**$ 184,790**	**$ 1,680,646**	**$ 207,001**
TOTAL EXTERNALLY RESTRICTED REVENUE	**$ 1,785,884**	**$ 17,024**	**$ 885,000**	**$ 267,288**	**$ 1,880,646**	**$ 539,974**

Schedule 4

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2015

	Balance Beginning of Year	Investment Income Allocated	Annual Allocation (from unrestricted fund)	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance End of Year
Capital						
Replacement Reserves						
Assiniboia Pioneer Lodge	$ 145,211	$ 1,920	$ 23,866	$ -	$ -	$ 170,997
Pioneer Housing - Lodge (Moose Jaw)	238,860	3,000	14,833	-	-	256,693
Pioneer Housing - Units (Moose Jaw)	285,611	3,560	12,000	-	-	301,171
Regency Manor	194,600	2,420	7,650	-	204,670	-
Total SHC	864,282	10,900	58,349	-	204,670	728,861
Other Internally Restricted Funds						
Grasslands Health Centre Roof - SGI	23,844	-	-	-	-	23,844
RHA cummulative surplus	26,715,912	-	186,610	-	1,594,586	28,497,108
Total Capital	**$ 27,604,038**	**$ 10,900**	**$ 244,959**	**$ -**	**$ 1,799,256**	**$ 29,249,813**
Total Internally Restricted Funds	**$ 27,604,038**	**$ 10,900**	**$ 244,959**	**$ -**	**$ 1,799,256**	**$ 29,249,813**

Schedule 5
FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULES OF
BOARD REMUNERATION, BENEFITS AND ALLOWANCES
For the Year Ended March 31, 2015

	2015							2014
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Elizabeth Collicott	$ 9,960	$ 8,972	$ 675	$ 1,789	$ 761		$ 22,157	$ 28,160
							-	-
Grant Berger		1,600	400	639			2,639	4,216
Janet Day		2,613	1,175	1,560	415	71	5,834	6,736
Alvin Klassen		3,338	1,425	2,620	415		7,798	8,806
Tracey Kuffner		1,725	1,038	1,667		21	4,451	8,456
Brian Martynook		2,113		620	415		3,148	5,148
Cecilia Mulhern		2,100	1,175	1,745	415	47	5,482	8,570
Christine Racic							-	2,867
George Reaves		2,219	875	1,727	415		5,236	6,991
Donald Shanner		2,706					2,706	4,938
Total	$ 9,960	$ 27,386	$ 6,763	$ 12,367	$ 2,836	$ 139	$ 59,451	$ 84,888

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE
For the Year Ended March 31, 2015

	2015					2014		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Cheryl Craig, CEO and President	$ 383,422	$ 7,857	$ 391,279	$ -	$ 391,279	$ 343,732	$ -	$ 343,732
Stuart Cunningham, Vice President	185,430	-	185,430		185,430	159,180		159,180
Kyle Matthies, Vice President	159,920	-	159,920		159,920	58,853		58,853
Wayne Blazieko, Vice President & CFO	383,956	-	383,956		383,956	201,740		201,740
Dr. Mark Vooght, MHO	279,481	-	279,481		279,481	252,617		252,617
Terry Hutchinson, Vice President	197,551	-	197,551		197,551	149,889		149,889
Dianne Ferguson, Vice President [3]	50,299	-	50,299		50,299	158,161		158,161
John Liguori, Vice President	157,671	-	157,671		157,671	158,301		158,301
Laurie Albinet, Vice President	213,291	-	213,291		213,291	191,074		191,074
Gilbert Linklater, Vice President	220,358	-	220,358		220,358	197,661		197,661
James Allen, Vice President	180,188	-	180,188		180,188	146,187		146,187
Dr. Fauzi Ramadan, Med Director	-	-	-		-	251,745		251,745
Dr. Fred Wigmore, Medical Director	316,722	-	316,722		316,722	77,498		77,498
Total	$ 2,728,289	$ 7,857	$ 2,736,146	$ -	$ 2,736,146	$ 2,346,638	$ -	$ 2,346,638

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. Senior employees were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance pay is reflected in the year paid. Refer to Note 18 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell-phone, computer, etc. As well as any other taxable benefits.

3. Vice President retired April 30, 2014

Payee List

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

Aasen, Dianne	$	106,909
Ackland, Isabel		56,043
Adams, Cathy		63,681
Adrian, Shelly		87,602
Albinet, Laurie		213,291
Alderton, Cheryl		63,849
Allen, James		180,988
Allen, Thomas		100,665
Alraum, Isolde		93,254
Altwasser Bryant, Arla		93,118
Amies, Michael		106,043
Anaka, Linda		53,929
Anderson, Lori		93,439
Anderson, Paula		65,895
Arens, Shannon		73,325
Arseneau, Maureen		80,299
Avery, Kerry		55,376
Awad El Kariem, Dr. Sawsan		376,295
Baillie, Dean		56,820
Bain, Joy		88,835
Bakke, Krista		97,740
Bakken, Carole		52,724
Balog, Kimberly		83,414
Barber, Andrea		66,611
Barnie, Sandra		59,934
Barrett, Elizabeth		101,303
Bartzen, Della		67,251
Bastedo, J. Roger		103,354
Batty, Heather		77,435
Batty, Kathy		71,823
Batty, Tanis		89,913
Beatch, Melissa		82,790
Beaton, Carol		51,564
Beaubien, Colette		91,030
Beauregard, Claude		64,442
Beausoleil Robb, Aline		66,339
Bechtold, Mike		60,594
Bellefeuille, Chelsey		75,706
Benallick, Mike		94,621
Bender, Blaine		66,862
Bender, Karen		88,661
Bengtson, Monica		84,993
Bennett, Colleen		51,965
Benoit, Ann		83,530
Benson, Lisa		83,188
Berger, Donna		55,315
Berger, Shannon		68,171
Bernhard, Deena		70,791
Bilawchuk, Lyndon		52,444
Blasco, Robin		54,229
Blazieko, Joann		97,541
Blazieko, Wayne		383,956
Bloch, Lisa Mari		74,644
Bohlken, Dawn		65,861
Boire Teixeira, Louise		64,421
Booth, Mary Lee		120,133
Bouchard, Jill		83,968
Bourassa, Crystal		83,093
Bouvier, Coralee		92,758
Bouvier, Laurie		72,308
Box, Kimberley		85,560
Brenner, Teresa		76,115
Brinton, Peggy		96,534
Brisbin, Katherine		65,632
Brodziak, Shelby		94,827
Broeder, Teresa		124,169
Bruneau, Christa		77,590
Bubyn, Barbara		54,588
Budd Wutke, Darla		95,009
Buhler, Sherri		119,784
Buller, Bonnie		58,670
Bumphrey, Brenda		78,433
Burdzy, Abby		74,521
Butlin, Barbara		69,055
Cairns, Myles		120,664
Calvert, Joanne		66,302
Cameron, Wayne		59,014
Campbell, Carol		79,875
Campbell, Nimone		86,503
Campbell, Patricia		93,187
Campbell, Shauna L.		98,869
Caragata, Angela		56,734
Cayer, Janice		102,971
Chaisson, Alfred		66,227
Chartrand, Lisa		99,813

Chawla, Ajay	92,010
Chawla, Kavita	78,506
Chow, Cara	50,758
Christmann, Christina	61,179
Clark, Carol	77,806
Clark, Kirsten	80,079
Cochrane, Rod	119,143
Cole, Brenda	76,778
Cole, Lorlee	80,957
Colmin, Neil	55,820
Cooke, Liana	88,738
Cooper, Rona	59,233
Corcoran, Rae	72,909
Cosford, Kristen	57,707
Costa, Cherry	62,330
Costley, Jeremy	81,536
Costley, Tara	50,078
Cox, Sheila	125,166
Craig, Cheryl	391,279
Cristo, Janet	76,635
Cunningham, Stuart	186,230
Dahl, Julie	56,256
Dale, Madison	67,757
Dancey, Colleen	87,983
Deis, Corinna	53,909
Delbeck, Christina	62,957
Demassi, Kristy	88,422
Demeuleneare, Kathryn	64,150
Dempster, Jessica	57,426
D'Entremont, Marc	79,744
Deobald, Brenda	109,168
Deringer, Gina	95,033
Diamos, Christian	52,820
Dick Andres, Susan	64,864
Dick, Denise	106,184
Dickson, Janet	62,535
Doepker, Bernie	93,159
Donley, Teresa	108,599
Dormer, Jared	62,899
Dowling, Michelle	104,771
Downey, Corrin	79,035
Dreger, Wanda	88,877
Dumoulin, Denine	76,162
Duzan, Nancy	68,175
Dyck, Diane	76,060
Dyck, Michelle	102,192
Dykes, Donna	55,613
Easterby, Cory	54,180
Ebbett, Pamela	51,701
Ellert, Clara M.	81,984
Elson, Andrea	112,204
Engler, Kathryn	90,395
English, Andrea	63,402
Engstrom, Pamela	99,364
Ennest, Amanda	97,786
Entz, Vanessa	63,239
Erskine, Kimberly	104,583
Erwin, Dre	95,079
Etches, Dr. Robert	425,859
Exner, Kurt	76,010
Fauser, Clara	50,725
Fehr, Mona	57,473
Ferguson, Denille	83,745
Ferguson, Dianne	63,290
Ferguson, James	78,188
Fernell, Karen	91,081
Ferraton, Tamara	74,457
Ferris, Sherry	68,766
Fieldgate, Catherine	101,416
Filipowich, Kathleen	75,521
Firomski, Curtis	68,623
Fischer, Christine	84,966
Fjeldberg, Rynae	98,855
Flegel, Deborah	102,918
Fogal, Stacey	80,895
Frank, Gwenith	94,825
Fraser, Dan	72,780
Friesen, Melissa	66,212
Froehlich, Deneen	101,447
Froehlich, Kelly	80,991
Froehlich, R. Lynn	58,788
Gadd, Lee Anne	72,251
Gallant, Donna	56,243
Gamache, Bobbi	53,486
Gardner, Yvette	51,723
Garinger, Jana	114,276
Gaucher, Adrien	110,216
Gee, Teresa	90,706
Gere, Sonya	63,450
Gibbs, Lianna	62,419
Gibson, Jennifer	102,307
Gilbert, Chere	92,224
Gilbert, Natasha	61,463
Gillies, Jennifer	69,362
Gleim, Sandra	102,419
Glover, Marcie	77,381
Godin, Fairlie A.	70,022
Good, Laurie	142,084
Goodison, Melonie	104,732
Goud, Dan	93,342

Grado, Derrick	70,927
Gray, Deborah	105,734
Green, Janice A.	65,847
Griffin, Kathy	104,542
Griffiths, Ellen	74,902
Grosenick, Margot	57,409
Gummeson, Phyllis	83,801
Hadley Cole, Rona	95,723
Hager, Brad	79,002
Hall, Juanita	56,066
Hall, Tracey	75,087
Hallick, Deanna	71,044
Hamm, Wrangler	65,615
Hansen, Amy	56,313
Hanson, Cynthia	66,172
Hanson, Teresa	50,215
Hardy, Diane	89,582
Harkness, Teah	94,850
Hasmatali, Sheryl	113,843
Hassett, Cathy	55,561
Haukaas, Brenda	97,256
Hawkins, Meagan	73,024
Hawley, Veronica	87,766
Hayden, Janice	58,699
Hayter, Dwayne	64,807
Heatcoat, Morgan	77,167
Heath, Shari	53,343
Heath, Stacey	95,218
Heilman, Heather	56,929
Helland, Joanne	82,117
Hembroff, Connie	57,360
Hermanson, Starlene	78,748
Hewitt, Erin	69,752
Hicks, Dorothy	51,930
Hobbins, Mary	56,840
Hogeweide, Yingbo	76,154
Hogg, Jolene	98,109
Hoimyr, Ashley	77,787
Holovach, Lisa	97,422
Howe, Merle	50,192
Howick, David	60,590
Huber, Marvin	111,101
Huculak, Corinne	62,807
Hudson, Allyson	102,480
Hudson, Donna	93,536
Hundeby, Janet	91,930
Hutchinson, Georgia	116,327
Hutchinson, Terry	198,351
Ireland, Diane	104,730
Isley, Karolayna	73,025
Jaarsma, Joanne	50,369
Jacobs, Christa	73,356
Jacobs, Megan	60,383
Jago, Terry	82,183
Jarton, Angela	63,918
Johnson, Allyson	84,986
Johnson, Amy	94,985
Johnson, Cynthia	86,186
Johnson, Darren	106,749
Johnson, Elaine	98,070
Johnson, Heather	100,677
Jones, Holly	58,915
Jordison, Lisa	50,719
Jordison, Sharla	79,723
Juell, Jody	92,203
Justason, Ave B.	65,931
Justus, Ron	50,714
Karst, Colin	99,237
Karst, Teresa	95,173
Keen, Leanne	77,432
Kell, Erin	52,843
Kelly, Elizabeth	54,562
Kempert, Wanda	50,561
Kergan, Guy	81,353
Kindrachuk, Joye	79,529
Kirby, Nicole	50,268
Kirkham, Sheri	72,230
Kittler, Kendra	89,344
Kittler, Shelly	98,061
Kitts, Lynn	68,491
Klassen, Inge	100,472
Klisowsky, Brenda	62,817
Knapp, Glen	62,564
Knelsen, Sharon	83,996
Knoss, Gayle	52,449
Knoss, Madison	78,071
Korbo, Shannon	52,962
Kossick, Jean	55,426
Kuffner, Janet	81,989
Kuling, Lia	83,826
Kuntz, Heather	83,905
Kusch, Sharla	61,746
Kwan, Cathy	55,363
Kwan, Rhonda	82,794
Lacoste, Courtney	67,247
Lalonde, Janet	91,411
Lamarre, Ann	62,776
Lambert, Colleen	93,423
Lamey, Vanessa	96,559
Langdon, Karyn	109,531

Larmour, Brent	88,258
Law, Linda	99,457
Lawrence, Jennifer	84,730
Le Courtois, Robin	96,542
Lethbridge, Julia	50,292
Lewis, Shawna	89,343
Lewry, Patricia	87,638
Li, Hong	76,859
Liguori, John	157,671
Linklater, Bert	220,358
Liu, Yong	74,652
Lockyer, Erna Del	52,408
Lowenberg, Candace	97,097
Ludke, Mona	87,952
Ludwar, Kara	50,207
Lukan, Keith	104,024
Ma, Kayla	58,924
MacDiarmid, Joyce	105,608
Mackenzie, Dawnidell	70,148
Macknak, Susan	100,014
Macleod, Jocelyn	69,649
MacNeil, Melissa	63,360
MacNeil, Miranda	53,933
Macpherson, Stacey	71,925
Maddess, Helen	87,829
Malcolm, Helen	60,502
Marciszyn, Anne	69,977
Martens, Sherry	76,325
Martyniuk, Bonita	106,865
Matthies, Kyle	159,920
Mattus, Donna	68,898
Maurer, Linda	105,272
Mawson, Teri	70,498
Mazurkiewicz, Jaclyn	87,280
Mccallum, Rhonda	79,599
McDavid, Cara	78,999
McDowell, Ashleigh	94,015
McEwan, Cheryl	63,501
McFadden, Arin	78,849
McFadden, Brandy	98,455
McKenna, Jo-Ann	58,996
McLean, Tanya	68,569
McMaster, Rhonice	92,525
Medders, Steve	71,267
Mellor, Sean	66,921
Mercer, Tina	61,822
Merifield, Danielle	89,210
Messner, Donna	67,452
Michaud, Shannon	53,166
Mielke, Gwen	52,830
Miller Moyse, Gwen	69,514
Miller, Tamye	88,984
Miskiman, Chad	108,076
Molde, Helen L.	97,628
Molsberry, Faye	55,361
Molsberry, Marjorie	75,052
Monea, Deborah	100,067
Moore, Jean	92,894
Morland, Darlene	108,181
Morson, Jennifer	54,201
Mosley, Norma	51,355
Moulding, Donna	73,048
Mustatia, Stacey	70,237
Myers, Linda	95,442
Nanowski, Terry	80,304
Neal, Sheila	84,273
Neigel, Darcy	131,678
Neithercut, Kimberly	91,838
Nelson, Bonnie	97,397
Nelson, Evelyn	80,435
Neufeld, Diane	51,409
Newans, Robin	98,282
Nganzo, Mariam	72,105
Nicholls, Brenda	104,771
Nicholson, Lennord	76,826
Nicholson, Raelynn	71,600
Nicolson, Sharon	94,213
Nightingale, Janelle	85,536
Nightingale, Laurianne	143,155
Nikolic, Shelley	66,078
Noble, Debbie	52,288
Noreen Smith, Jana	65,293
Oen, Barb	50,887
Ofukany, Lindsey	98,257
Ogle, Wanda	107,950
Olarie, Renae	55,570
Ollenberg, James	78,440
Olubanwo, Oluwakemi	50,495
Oram, Dianne	78,235
Orten, Chelbie	52,955
Osemlak, Pauline	109,169
Oshowy, Haley	60,221
Pagens, Carlie	66,520
Palaschuk, Rhonda	65,068
Palmer, Laurie	64,228
Palting, Lilibeth	74,338
Papic, Karen	75,074
Pardy, Arlene	104,460
Parent, Nicole	55,638
Parker, Lisa	111,229

Paterson, Marny	67,442
Paul, Connie	86,809
Paull, Elizabeth	103,038
Paulowicz, Jeffrey	76,634
Payne, Dylan	77,622
Pearson, Shannon	78,817
Pecusik, Catherine	107,514
Peesker, Stephanie	88,746
Pennington, Debbie	57,062
Peskleway, Cindy	53,027
Petersen, April	87,874
Petersen, Joanne	79,060
Peterson, Eyvonne	120,147
Peterson, Lance	100,435
Peterson, Serena	96,234
Petford, Rhonda	89,059
Petrovic, Betty	51,200
Petruic, Judy	61,784
Philipation, Dana	68,109
Philipation, Travis	103,352
Pierce Ryba, Taryn	75,922
Pituley, Jennifer	80,465
Pollock, Miranda	55,831
Polos Fox, Shelley	86,049
Pond, Meghan	76,471
Porras, Paul	51,579
Porras, Raphael	98,072
Pouteaux, Sarah	64,847
Price, Angela	82,927
Priel, Selena	56,013
Prior, Angela	76,324
Protz, Justine	69,172
Purdy, Karen	76,835
Quigley, Kimberly	73,372
Rader, Susan	52,468
Rafferty, Mary	81,318
Ramphal, Christine	75,982
Rasmussen, Raegan	72,567
Ray, Helene	56,724
Reaman, Viola	86,045
Reeve, Joan	64,508
Reinhart, Sheila	88,560
Richards, Tracy	78,717
Richardson, Caroline	54,476
Rivard, Wendy	73,967
Roach, Shelley	80,863
Robb, Donna	62,623
Roberts, Christa	80,756
Robertson, Jackie	100,729
Robertson, Margaret	87,558
Robinson, Bonnie	65,271
Robinson, Nicole	66,489
Rogers, Alana	85,517
Rogoschewsky, Louise	51,427
Rollie, Wendy	100,158
Rolston, Wendy	53,333
Rommelaere, Leanne	77,043
Rossler, Katherine	90,908
Roy, Rebecca	54,693
Ruben Riak, Moses	56,629
Runzer, Sandra	66,444
Rusnak Weekes, Nicole	70,228
Russill, Kelli	82,067
Rust, Johanne	107,548
Rusu, Troy	76,696
Rutherford, Judy	74,347
Ryan, Beverley	99,605
Ryerson, Ellen	56,124
Saladana, Rita	73,443
Salido, Deign	105,664
Salido, Joanne	78,424
Sanden, Wendy	108,895
Sanderson, Lois	71,886
Savage, June	100,100
Sawers, Denise	54,328
Scaife, Stephanie	57,649
Schanoski, Paul	64,273
Schellenberg, Tara	91,023
Schellenberg, Wayne	97,178
Schick, Joyce	65,971
Schmidt, Kurtis	83,969
Schmidt, Marcie	96,179
Schnare, Gwen	85,824
Schneider, Arlene	82,241
Schutte, Greg	107,214
Schuweiler, Margaret	59,545
Scott, Deborah	111,387
Segall, Heather	106,778
Segall, Kelsey	50,157
Seiferling, Michael	76,465
Seip, Kim	93,746
Seman, Edward	94,837
Sereda, Dave	111,499
Shaer, Mika	73,800
Sharp-Precepa, Peggy	66,450
Shaver, Kimberley	50,024
Sheldon, Kelly	50,460
Shiers, Mark	98,444
Shirkey, Patti	108,194
Shook, Connie	53,479

Shook, Darlene	94,176
Shular, Karey	78,370
Silzer, Sharon	80,427
Simmons, Lorna	70,021
Simpkins, Kelly	54,209
Simpson, Jana	95,818
Sinclair, Juliet A.	95,139
Sinclair, Rita	79,196
Sipra, Muhammad	88,045
Sirup, Blair	109,944
Smith, Brenda	84,582
Smith, Brenda L.	78,804
Smith, Jessica	71,487
Smith, Shelley	94,463
Sowden, Amanda	56,090
Spanjer, Candace	59,663
Sparks, Debbie	90,515
Spence, Laura	84,018
Spence, Vanessa	73,969
Spencer, Cathleen	92,020
Spies, Darcy	58,278
Stabell, Susan	66,095
Stapor, Paul	77,004
Statham, Cheri	94,051
Steel, Brenda	99,973
Stenerson, Wade	73,993
Stephenson, Wanda	62,031
Stevens, Debra	74,862
Stevenson, Nadine	64,165
Stewart, Cathy	105,365
Stewart, Lindsay	92,168
Stewart, Shannon	84,962
Straub, Jacquelin	104,821
Striha, Lynn	97,719
Sullivan, Kirby	80,103
Sullivan, Maureen	96,394
Svingen, Louise	84,638
Swanson, Kerry	75,471
Switzer, Betty	97,290
Szuch, Shantelle	92,831
Tallon Dyck, Holly	61,617
Taylor, Lisa	74,597
Taylor, Melissa	72,172
Taylor, Monica	58,272
Tendler, Cathy	74,453
Terry, Ernest	60,744
Theede, Maryanne	57,477
Thiry, Barbara	78,991
Thul, Louise	112,280
Tiffen, Monique	83,043
Tipper, Lisa	85,400
Tomac, Carli	91,554
Tomashewski, Tannis	77,604
Traves, Breanna	53,190
Tysdal, Elizabeth	69,543
Vaessen, Leisa	104,115
Van Nus, Matthew	102,804
Vatamaniuk, Lisa	82,294
Veluthedath Anda, Roshan	99,739
Verville, Francoise	63,872
Villanueva, Irvi Gale	65,426
Vooght, Dr. Mark	279,481
Vreeken, Natalie	74,597
Waldenberger, Shelley	77,539
Waldenberger, Vanessa	98,473
Walters, Lucille	55,781
Walz, Jason	93,190
Wanner, Brian	74,910
Ward, Cheryl	96,947
Warken, Melanie	76,480
Warner, Tamara	73,385
Warren, Dianne	56,020
Waselenko, Julie	70,958
Wasylenka, Dixie	115,678
Watson, Donna	83,237
Watt, Helen	54,877
Watteyne, Kristie	98,479
Weber, Nicole	99,210
Wedel, Katrina	74,136
Weiss, Jennifer	70,101
Welwood, Megan	55,715
Westgard, Britney	83,512
White, Zosima	59,908
Wicharuk, Judy	104,935
Wiks, Michelle	52,629
Wilkie, Elizabeth	101,000
Willatt, Linda	92,430
Williams, Breanna	87,515
Williams, Kathryn	80,747
Williams, Shannon	82,907
Williamson, Karen	101,296
Willis, Alyssa	96,709
Wilson, Deidre	62,275
Wilson, Jackie	88,586
Wilson, Karen	70,540
Winter, David	102,450
Wittal, Gerrilynn	108,037
Wolfe, Bailey	69,321
Wolfe, Jacquelin	101,448
Woloschuk Connor, Laurie	81,820

Wong, Gail	74,160
Wood, Darcy	73,682
Work, Jodi	79,078
Wozniak, Yvonne	94,679
Yaschuk, Kerry	101,552
Young, Vanessa	110,578
Zackrisson, Jessica	70,002
Zelada, Gabriela	81,658
Zelaya, Karina	57,122
Zhu, Yu	109,939
Payees less than $50,000	24,947,988
TOTAL	**$ 74,292,071**

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more:

Extendicare	$ 6,834,479
Hutch Ambulance Service Inc.	647,920
Individualized Home Care Funding	372,366
Moose Jaw & District EMS	1,974,463
Providence Place	14,396,249
Riverside Mission Inc.	60,969
Salvation Army	158,086
St Joseph's EMS Gravelbourg	325,903
St Joseph's Hospital Gravelbourg	5,653,709
Thunder Creek Rehab. Assoc. Inc.	2,046,882
TOTAL	**$ 32,471,026**

Suppliers

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

3S Health	$ 5,286,317
Abbott Laboratories Ltd.	647,047
Graham Design Builders LP	39,490,537
Graham/Boldt Constructors	4,319,802
Grand & Toy	196,568
Grayson & Company	1,805,592
Great West Life Assurance Co.	499,828
Guirguis Medical Prof. Corp., Dr.	304,519
Hassan Medical Prof. Corp., Dr.	555,052
Health Sciences Assoc Of Sask.	105,207
Healthcare Insurance Reciprocal	117,962
Hetherington Medical Prof. Corp, Dr. K.	272,930
Hospira Healthcare Corp.	491,022

I3 Solutions Inc.	440,446
Impark	151,921
Inland Audio Visual	65,564
Instrumentation Laboratory	51,046
Inter Medico	91,783
Ishwarlall Medical Prof. Corp.	76,013
Ishwarlall, Dr. Sujay	299,363
Jalal, Dr. Adnan AJ	102,661
Johnson & Johnson Medical	213,492
Johnson Controls Ltd. #C3039	520,964
Johnson, Kathy	57,383
Karam, Dr. Elie	282,104
KCI Medical Canada	85,562
Leica Microsystems	61,296
Lexmark Canada Inc.	214,048
Linvatec Canada	72,276
Logibec Inc.	86,097
London Life	69,348
Louw Med Prof. Corp., Dr. Alexander	433,066
Majid, Dr. Falah Saleh	52,712
Malek Khalil Medical Prof. Corp.	577,096
Maree Medical Prof. Corp., Dr.	292,316
Marsh Canada Limited	125,480
Marx Medical Prof. Corp.	103,656
McDougall Gauley LLP	79,697
Mckesson Canada	445,806
Mckesson Distribution Partner	274,215
Metafore Technologies Inc.	222,741
Miller Medical Prof. Corp., Dr.	62,297
Minister Of Finance	515,812
Momentum Healthware	98,151
Moose Jaw & District EMS	95,283
Moose Jaw City Square Mall	67,319
Moose Jaw YMCA	76,770
Moyosore Medical Profession	455,699
Norval Medical PC Ltd., Dr. Ivan	67,218
Nwaeze, Dr. Ndidi	132,861
Ortho-Clinical D Can Holding Corp.	56,020
Otis Canada Inc.	58,840
Oyenubi, Dr. Abimbola	227,974
Pentax	99,785
Philips Electronics Ltd.	360,841
Prairie Janitorial Supply	53,242
Prairie Schooner	73,617
Primed Canada Inc.	57,404
Public Employees Pension Plan	168,077
Ramadan Medical Prof. Corp., Dr.	58,359
Receiver General For Canada	25,911,723
Roche Diagnostics	52,492
Rodwan Medical Prof. Corp., Kahled	69,393

Rodwan, Dr. Omar	54,890
Roof Management & Inspection	189,597
Russell Food Equipment Ltd.	154,861
RWI Informatics Inc.	64,357
Saeed, Dr. Sabir	479,581
Saibaba Medical Professional Corp.	303,340
Salman, Dr. Anmar	268,806
Sanderson, Dr. Brian J.	57,733
Saputo Foods Limited	152,442
Sask Energy	654,774
Sask Power	1,289,745
Sask Registered Nurses Association	172,536
Sask Tel CMR	278,220
Sask Tel Mobility	159,301
Sask Workers' Compensation Board	1,340,376
Saskworks Venture Fund Inc.	95,623
Schaan Healthcare Products Inc.	1,197,104
Security Patrol & Investigators	90,816
SEIU Local 299 MJ	658,032
SHEPP	13,345,602
Shopper's Home Healthcare	371,328
Siemens Canada Limited	143,654
Soyege Medical PC Inc., Dr. Adeloye	318,701
Soyege, Dr. Adeloye	56,701
Stantec	519,517
Stationwala Podiatrist Prof Corp., Dr. A.	215,630
Steris Canada Inc.	452,353
Stevens Company Limited	189,101
Stryker Canada Inc.	95,815
Moyosore Medical Profession	455,699
Norval Medical PC Ltd., Dr. Ivan	67,218
Nwaeze, Dr. Ndidi	132,861
Ortho-Clinical D Can Holding Corp.	56,020
Otis Canada Inc.	58,840
Oyenubi, Dr. Abimbola	227,974
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Saibaba Medical Professional Corp.	303,340
Salman, Dr. Anmar	268,806
Sanderson, Dr. Brian J.	57,733
Saputo Foods Limited	152,442
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Sask Power	1,289,745
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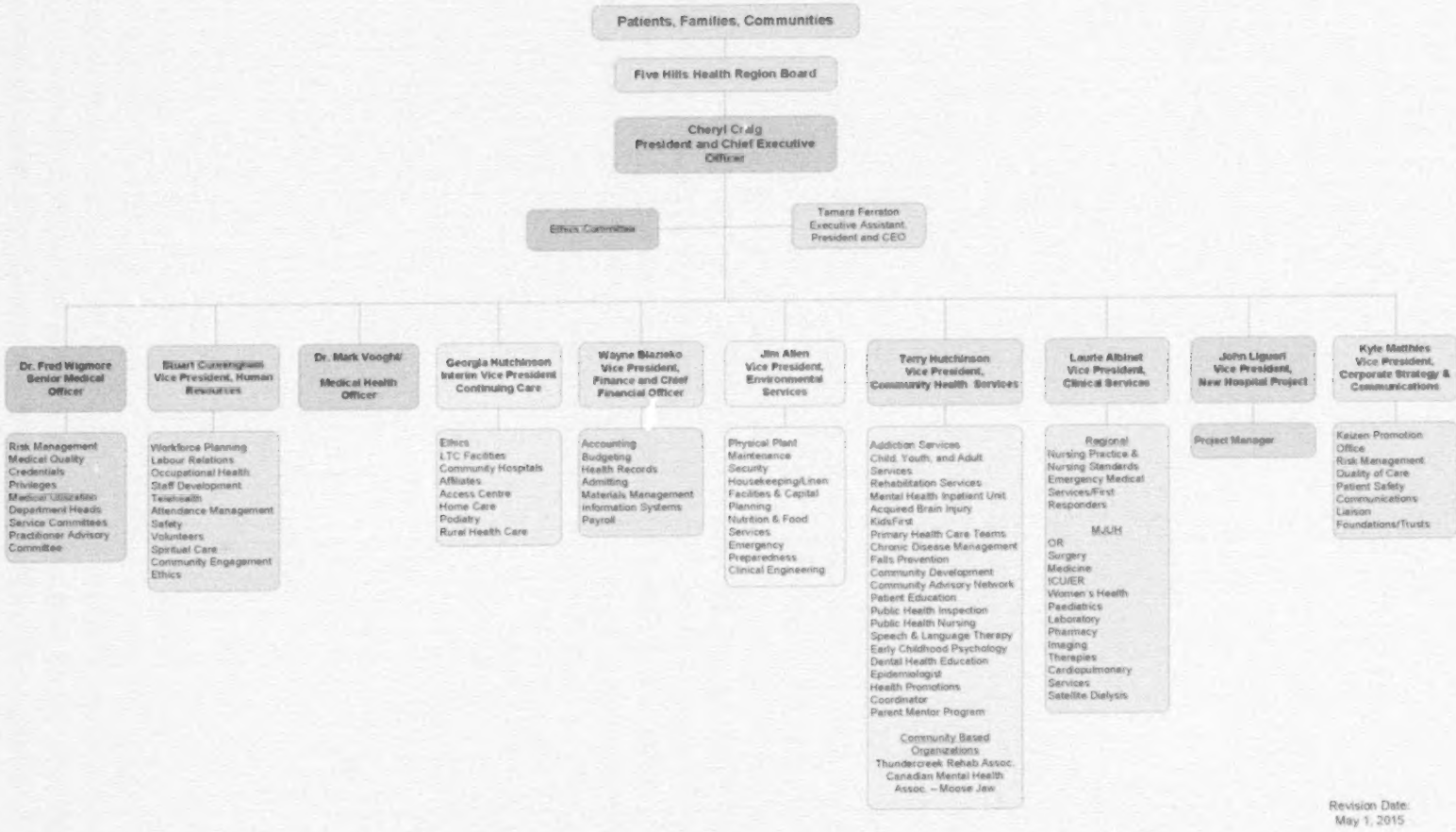
Soyege, Dr. Adeloye	56,701
Stantec	519,517
Stationwala Podiatrist Prof Corp., Dr. A.	215,630
Steris Canada Inc.	452,353
Stevens Company Limited	189,101
Stryker Canada Inc.	95,815
Stushnoff, Dr. James	50,806
SUN Provincial	427,775
Suty Medical Imaging PC Ltd.	846,836
Sysco Food Services	1,441,534
Thunder Creek Rehab. Assoc. Inc.	50,345
Toshiba	126,915
Trane	167,400
Valley View Centre	1,246,197
Vanden Broek Realty	71,098
Vanheerden Kruger, Dr. Johan	529,419
Vanwyk Prof. Corp., Dr. Gerrit	583,294
Vertue Medical PC Inc.	423,024
Wigmore Md Medical Prof. Corp.	410,060
Wood Wyant Inc.	152,546
Yusuf Taiwo Medical Prof. Corp.	541,039
Zimmer Canada	155,621
Supplier Payments Under $50,000	6,434,477
TOTAL	**$ 136,044,680**

Appendix A
Organizational Chart



Revision Date:
May 1, 2015

Appendix B
Community Advisory Networks

Communities and organizations our Health Region currently interacts include, but are not limited to:

- Assiniboia Civic Improvement Association
- Assiniboia Union Hospital Auxiliary
- Badlands Recreational Committee
- Briercrest College
- Canadian Cancer Society
- Canadian Diabetes Association
- Cayer Trust (Willow Bunch)
- Central Butte and District Foundation
- Central Butte Community Health Council
- Central Butte Union Hospital Auxiliary
- Child Action Committee (Moose Jaw)
- Child Action Group (Assiniboia)
- Child and Youth Interagency Committee
- Cosmo Senior Citizen's Centre
- Craik and District Foundation
- Craik and District Health Care Committee
- Craik Auxiliary
- Department of National Defense 15 Wing
- Division scolaire francophone 310
- Elbow Auxiliary
- Emergency Measures Organizations
- Emergency Response Planning Committee
- Eyebrow Auxiliary
- File Hills Tribal Council
- Food Security Network
- Grasslands Trust Fund Corp.
- Grasslands Health Centre Auxiliary
- Holy Trinity Roman Catholic Separate School Division No. 22
- Housing Authorities
- John Howard Society
- Kincaid & District Health Centre Board Inc.
- Lafleche District Health Foundation Inc.
- Ludlow Trust
- Medical Advisory Committee
- Metis Nation
- Moose Jaw & District Senior Citizens Association
- Moose Jaw and District Interagency Committee
- Moose Jaw Families for Change
- Moose Jaw Health Foundation
- Moose Jaw Mental Health Housing Committee
- Moose Jaw Union Hospital Auxiliary
- Mossbank Trust
- Municipal Governments
- Pioneer Lodge Assiniboia Auxiliary
- Prairie South School Division No. 210
- Regency Hospital Auxiliary
- Regional Economic Development Authorities – Moose Jaw, Assiniboia, Red Coat
- Regional Intersectoral Committee
- Ross Payant Nursing Home Auxiliary
- SIAST - Palliser Campus
- South Central Recreation and Parks Association
- South Country Health Care Foundation
- Thunder Creek Rehabilitation Association
- Transition House
- Tugaske Auxiliary
- Unions
- Valley View Centre